MAXIMUS Federal Services

Case Number:	CM14-0000555		
Date Assigned:	01/10/2014	Date of Injury:	11/09/2004
Decision Date:	06/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old female with a reported date of injury on 11/09/2004. The mechanism of injury was not provided within the documentation available for review. Within the clinical note dated 12/26/2012, documentation showed evidence that the injured worker received psychotherapy phone sessions prior to that date. The clinical note dated 10/26/2013, the injured worker complained of physical and psychological status declining. The physician indicated in the clinical note dated 10/26/2013 that the injured worker's condition was unconscionable, inhumane, and dangerous and needs to be resolved immediately. The injured worker presented with agoraphobic symptoms and psychological decompensation. Within the clinical note dated 11/23/2013, the physician indicated that the injured worker's situation was severe and was having issues of not receiving home health care. The request for authorization for outpatient psychotherapy via phone, weekly, for nine (9) sessions was not submitted. The physician indicated the rationale for phone psychotherapy was to preserve her dignity and improve her sense of control and feelings of self efficiency, as well as obtaining medical care, adequate nutrition, and increasing her independence in restoring healthy quality of life with improved psychological functioning.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OUTPATIENT PSYCHOTHERAPY VIA PHONE, WEEKLY, FOR NINE (9) SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: According to the California MTUS Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy which could lead to psychological or physical dependence. According to the guidelines, the initial therapy for at-risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The guidelines recommend considering separate psychotherapy referral after 4 weeks if lack of progress from physical medicine. The guidelines recommend initial trial of 3 to 4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, with a total of up to 6 to 10 visits over 5 to 6 weeks. According to the clinical information provided for review, the injured worker received psychotherapy via phone since or before 12/2012. Within the clinical information provided, the physician indicates multiple times that the injured worker is in an unsafe environment as she is unable to care for herself and unable to obtain consistent home health care. There is a lack of documentation related to the increase in functional ability and increase in coping mechanisms related to the previous psychotherapy. The goal of psychotherapy is to show evidence of improvements in mood and affect, improved coping mechanisms, and increase of hope for her future. The clinical information provided for review lacked documentation related to the therapeutic benefit related to previous phone psychotherapy. In addition, the injured worker was presented in the documentation as in an unsafe environment and the rationale for phone psychotherapy did not appear to meet the medical needs for the injured worker. Therefore, the request for outpatient psychotherapy via phone, weekly, for 9 sessions is non-certified.