MAXIMUS Federal Services

Case Number:	CM14-0007576		
Date Assigned:	02/10/2014	Date of Injury:	07/16/2001
Decision Date:	06/09/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/21/2014

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 Board Certified 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 65 year old male who reported a slip and fall on 07/16/2001. In the clinical note dated 12/08/2013, the injured worker was seen by a licensed clinical psychologist. It was documented that the injured worker had been seen by psychologists on and off since 05/13/2002. He had received psychiatric care in 2003, on 01/15/2005, 02/01/2006 and was diagnosed with a single episode of severe major depression. It was documented that surgeries were done to his ear and wrists with no benefits and additional surgeries were recommended but the injured worker refused. He has had referrals for aquatic therapy and psychological consultation. The injured worker had been given the Cornell medical index health questionnaire, with a score of 66. The patient was given the Beck depression Inventory with a score of 59, a Beck Anxiety Inventory with a score of 43, and a Minnesota Multiphasic personality inventory-2 test with a score of 78. It was also documented that the injured worker has been on psychopharmacotherapy with no benefit per self-report of the injured worker. A urine drug screen dated 08/19/2013 revealed that the test results were only positive for non-prescribed hydrocodone. It was documented that the injured workers overall degree of permanent psychological disability appeared to be moderate to moderate to severe. The treatment plan included a request for twice monthly outpatient psychotherapy sessions, five sessions total; to reduce and treat his depression and anxiety, increase feelings of hope, coping mechanisms, feelings of self-efficacy and self-esteem, and to re-establish a sense of control over his emotions, his life, and his cognition.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 OUTPATIENT PSYCHOTHERAPY (TWICE MONTHLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that initial psychotherapy therapy for "at risk" patients should be physical medicine exercise instruction, using a congnitive motivational approach to physical therapy. The MTUS Chronic Pain Guidelines recommend 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) and patients may continue biofeedback exercises at home. The medical records provided for review indicate that the injured worker has had previous psychotherapy sessions, but did not document objective functional improvement. The medical records provided for review also lacked documetation of concurrent use of physical therapy or home exercise program to coincide with the request of psychotherapy sessions. Therefore, the request is not medically necessary and appropriate.