

Case Number:	CM14-0008716		
Date Assigned:	09/18/2014	Date of Injury:	11/26/2001
Decision Date:	10/16/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/22/2014

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 Utah. 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:

This 51-year-old had a date of injury on November 26, 2001. The mechanism of injury was not noted. In a progress noted dated December 9, 2013, the patient complains of anxiety, depression. The patient is noted to have increased depression and anxiety to the point she has difficulty performing ADLs such as taking a shower. She continues to have pain in right upper quadrant with swelling. She also has stress incontinence symptoms though she thinks they have improved. On a physical exam dated December 9, 2013, the patient is accompanied by an interpreter. She is on Dendracin and Lortab 7.5/500. The diagnostic impression shows degeneration of lumbar or lumbosacral intervertebral disc, depression. Treatment to date: medication therapy, behavioral modification, physical therapy A UR decision dated January 3, 2014 denied the request for pain psychology x6 visits, stating that the request for 6 sessions of psychotherapy of unknown type and duration is excessive, not reasonable and necessary, and does not meet the current CA MTUS for approval at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six visits of pain psychology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. In the December 19, 2014 progress report, this patient is noted to have increased depression and anxiety to the point she has difficulty performing ADLs such as taking a shower. However, no rationale was provided regarding the medical necessity of 6 initial sessions, when guidelines clearly recommend 4. Therefore, the request for six visits of pain psychology is not medically necessary or appropriate.