

Case Number:	CM14-0016078		
Date Assigned:	06/04/2014	Date of Injury:	03/14/2003
Decision Date:	07/25/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/07/2014

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 50-year-old male who reported an injury on 03/14/2003. The mechanism of injury was reported as cumulative trauma. The diagnoses included cervical strain, anxiety disorder, and depressive disorder. Prior therapies included 4 sessions of cognitive behavioral therapy. Per the 12/04/2013 clinical note, the injured worker reported a pain level of 7/10 at night and 5/10 during the day. He reported only sleeping approximately 3 to 5 hours per night. The injured worker reported feeling more irritable, withdrawn, and anxious as a result of his chronic pain and losses in functional capacity. The provider recommended he be prescribed an antidepressant in conjunction with continued psychotherapy. Per the 01/27/2014 clinical note, the injured worker reported he significantly benefitted from psychotherapy. He reported feeling less depressed and was managing his chronic pain more effectively with reduced medication. He also reported he socialized frequently with family and friends, something he did not do prior to psychotherapy. The provider requested an additional 10 psychotherapy visits to complete the injured worker's treatment. The Request for Authorization form was submitted on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 PSYCHOTHERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions.

Decision rationale: The prospective request for 10 psychotherapy sessions between 01/27/2014 and 03/31/2014 is non-certified. The California MTUS Guidelines recommend psychological treatment for appropriately identified injured workers during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The Official Disability Guidelines further state, a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. If progress is being made, up to 6 to 10 visits may be recommended. The medical records provided indicate the injured worker had completed 4 sessions of cognitive behavioral therapy. There is a lack of documentation to verify therapy and improvements made. In addition, the request for 10 additional sessions, combined with the 4 sessions already completed, exceeds the guideline recommendations. As such, the request is not medically necessary.