

Case Number:	CM14-0018377		
Date Assigned:	04/18/2014	Date of Injury:	11/06/1997
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Clinical Psychology, and is licensed to practice in California. 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:

According to the files provided for this independent medical review, this is a 76-year-old patient who reported an industrial/occupational work-related injury on November 6, 1997. There was no mention in any of the records provided for this review the nature of the injury, its subsequent treatment over the past seventeen years with the exception of some progress notes from her primary physician. Medical issues appear to be related to both the right and left knee, chronic low back pain and cervical pain. The patient is being maintained on OxyContin, oxycodone, Voltaren gel applied to her knees, Nabumetone, Ambien, and Prozac. It is not clear if she is currently taking some of all of these medications. There is also mention of a sleep disorder and chronic intractable pain with a recommendation for supportive therapy being made. She is noted to have depression and was actively participating in psychological group treatment at a frequency of two to three times per week, which was apparently very helpful in improving her level of functioning. Sometime on or before January of 2013 she discontinued the group for unknown reasons and is requesting individual psychotherapy with someone who specializes in pain management. A request for treatment was made and is reported here as "psychological supportive therapy, evaluation and treatment." The request was not certified but a modification was offered of a comprehensive Psychological assessment/evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BEHAVIORAL INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

Decision rationale: The request for treatment was stated as: "psychological supportive therapy, evaluation and treatment." This request is too non-specific to be approved as it indicates a treatment that would be basically open ended and unlimited in frequency and duration. In the request there is no mention of the kind of psychotherapy requested (e.g., cognitive behavioral therapy or psychotherapy), the stated goals, a timeline for expected completion of those goals, the frequency of sessions, and most importantly the number of sessions requested. The Chronic Pain Medical Treatment Guidelines for cognitive behavioral therapy, for example, state that an initial trial of three or four sessions be used and that functional improvements if any achieved be documented and then if there are improvements from that initial trial additional sessions up to a maximum of ten could be offered. In contrast, this open ended request has no mention of a short initial trial of treatment to determine its effectiveness. In addition, the suggested modification of conducting a comprehensive psychological evaluation is appropriate in this case unless one has already been conducted and was not included in the medical files for this review. A psychological assessment and review is needed in this case to see if there is a need for treatment and to outline a plan and recommendations. The request for psychological treatments is not medically necessary or appropriate.