

Case Number:	CM14-0019185		
Date Assigned:	04/21/2014	Date of Injury:	01/10/2011
Decision Date:	08/06/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 Psychiatry, 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:

The patient is 48-year-old female who has submitted a claim for major depression and pain disorder associated from an industrial injury date of January 10, 2011. Medical records from 2012-2014 were reviewed, the latest of which dated January 7, 2014 revealed that the patient complains of pain in her buttocks, low back, upper back, right leg, and bilateral wrists. She also complains of insomnia. She awakens due to pain. Review of system was positive for depression. Epworth Sleepiness Scale score of 16/24 (above normal daytime sleepiness or a sleep disorder). The patient Health Questionnaire score of 12 (moderate depression). Pain diagram is significant for pain throughout entire posterior aspect of body, head, bilateral shoulders and arms. In the progress report dated November 5, 2013, the patient complained of anxiety and depression. On examination, the patient had moderate dysphoria. Her Beck Depression Inventory score was 21 and Beck Anxiety Inventory score was 24. The current Treatment to date has included cognitive behavioral therapy (2012, 2013), physical therapy, acupuncture, injections and medications that include Zoloft and Topamax. Utilization review from January 31, 2014 did not grant the request for Psychotherapy 1 x 28 because there was no documentation of progress in previous psychotherapy, and partially-certified the request psychiatric diagnostic evaluation 1 x 6 (8 sessions in one year) to 1 psychiatric evaluation because it only needs to be done once for assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 1 X 28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS, COGNITIVE THERAPY.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In addition, the Official Disability Guidelines Psychotherapy Guidelines recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made. In this case, the patient has been receiving cognitive behavioral therapy from 2012 to 2013); however, the total number of visits and outcome are unknown due to lack of documentation. The most recent clinical evaluation revealed that the patient still has complaints of pain, depression and insomnia. However, additional psychotherapy will exceed guideline recommendation. Moreover, there is no documented objective functional improvement over a 5-6 week period from the previous psychotherapy. Therefore, the request for Psychotherapy 1 X 28 is not medically necessary.

PSYCHIATRIC DIAGNOSTIC EVALUATION 1 X 6 (8 SESSIONS IN ONE YEAR):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. In this case, the patient has been diagnosed with major depression and pain disorder. He had previous treatment with cognitive behavioral therapy and medications. In the most recent clinical evaluation, the patient still complains of pain, insomnia and depression. The medical necessity for a psychological evaluation was established. However, there was no discussion concerning why 6 sessions are needed to be certified at this time. Follow-up visits are contingent upon patient response to therapy. Therefore, the request for Psychiatric diagnostic evaluation 1 x 6 (8 sessions in one year) is not medically necessary.