

Case Number:	CM14-0113144		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2008
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Psychologist 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 38-year-old male who reported an injury on 05/01/2008 due to an unknown mechanism. The injured worker was diagnosed with vascular necrosis of the left hip, depressive disorder not otherwise specified, pain disorder-psych factors/medical, and poly-substance abuse to prescription narcotics. Prior treatments included psychiatric treatments with no improvements noted by the primary care physician. The injured worker was seen by his psychiatrist on 04/23/2014, and at that time he expressed concerns related to pain, limitations, and possible surgical interventions. The injured worker indicated he was in a lot of pain, had limited mobility, and felt he could not cope. The psychiatrist noted the injured worker was depressed, worried, anxious, and in a great deal of physical discomfort. The psychiatrist also noted he had memory and concentration problems. On 06/18/2014, the injured worker reported worries related to his left hip due to possibly needing a hip replacement. The injured worker indicated he felt that everything was falling apart and he sometimes felt like killing himself. The psychiatrist noted the injured worker was depressed, anxious, and miserable from his pain. The injured worker was tearful and had regressed as a result of a new medical problem causing a great deal of stress. It was noted that the injured worker was not abusing alcohol. The physician prescribed Oxycontin, Wellbutrin, Xanax, and Aleve. The injured worker had a Global Assessment of Function score of 50 on 06/20/2014. The physician's treatment plan included recommendations for continuation of medications for symptoms, future psychiatric treatments, and encouraging the injured worker to mentally prepare and accept the concept of future hip surgery. The physician was requesting an additional ten weeks of individual cognitive psychotherapy to emotionally prepare the injured worker to accept a future hip surgery. The Request for Authorization form was signed on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 1 x 10 weeks individual cognitive psychotherapy visits: Upheld

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

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 behavioral therapy (CBT).

Decision rationale: The request for additional 1x10 weeks individual cognitive psychotherapy visits is not medically necessary. The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The Official Disability Guidelines (ODG) recommends up to 13-20 sessions over 7-20 weeks if progress is being made. In cases of severe major depression or posttraumatic stress disorder, up to 50 sessions are recommended if progress is being made. The documentation notes the injured worker has completed 12 sessions of psychotherapy. The primary care physician noted no improvement from these sessions during visits as indicated by continued displays of depression, anxiety, and continuing difficulty dealing with pain. The requesting physician did not provide a psychological assessment performed prior to the 12 sessions of psychotherapy in order to establish a baseline to assess improvements with therapy. The requesting physician did not provide a psychological assessment performed after the 12 sessions of psychotherapy in order to demonstrate improvements were made with therapy. Without evidence of improvement with the prior therapy, the need for further therapy is not indicated. As such, the request is not medically necessary.