MAXIMUS Federal Services

Case Number:	CM14-0123826		
Date Assigned:	09/16/2014	Date of Injury:	06/08/2013
Decision Date:	11/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 75-year-old male who reported an injury on 06/08/2013. On 05/27/2014, the injured worker presented with ongoing symptoms of chronic pain and functional limitations secondary to injury that have negatively impacted his ability to work. He was reportedly pulling a cart and caught his right hand between the metal cart and the metal wall. His diagnoses were pain in the limb and pain in the joint hand. Current medications included Ketamine cream, Naproxen sodium, and Ultracet. The injured worker underwent psychological testing and his somatization score was noted to be T=56. He had an average depression score and a below average anxiety score. The diagnoses were major depressive disorder single episode moderate, pain disorder due to both psychological factors and a general medical condition, diagnosis deferred on Axis II, and psychological environmental problems. The provider recommended psychotherapy sessions and a consultation with a psychologist for interpretation of psychological testing and report. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions (1 times 12): Upheld

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

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), Mental Illness and Stress, Cognitive therapy for depression.

Decision rationale: The request for psychotherapy sessions (1 times 12) is not medically necessary. The California MTUS Guidelines state psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. The Official Disability Guidelines further state, cognitive therapy for depression is recommended with up to 13-20 visits over 7-20 weeks if progress is being made. The provider should evaluate symptom improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The injured worker has been previously approved for cognitive behavioral therapy. The number of completed sessions was not provided. The efficacy of those sessions was not established. In addition, the request for 12 sessions over 12 weeks does not allow for the early identification of the injured worker's progress. As such, medical necessity has not been established.