

Case Number:	CM14-0136591		
Date Assigned:	09/03/2014	Date of Injury:	04/13/2010
Decision Date:	10/28/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 Preventive Medicine 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 records made available for review, this is a 51-year-old male with a 4/13/10 date of injury. At the time (6/14/14) of request for authorization for Psychotherapy 12 weekly sessions and Referral to comprehensive pain management program for evaluation and treatment, there is documentation of subjective (moderate to severe back pain, depression, anxiety, irritability, irregular eating patterns, and increased isolation) and objective (sad mood, blunted affect, anxiety noted in speech, and nervous behavior) findings, current diagnoses (depressive disorder not otherwise specified with anxiety), and treatment to date (medications and 8 previous psychotherapy sessions). Medical report identifies that previous cognitive behavior therapy sessions increased the patient's motivation to work and has more activity during the day. Regarding referral to comprehensive pain management program for evaluation and treatment, there is no documentation that there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient is not a candidate for surgery where surgery or other treatments would clearly be warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 12 weekly sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of a diagnosis of depressive disorder not otherwise specified with anxiety. In addition, there is documentation of previous Cognitive behavioral therapy treatments. Furthermore, given documentation previous cognitive behavior therapy sessions increased the patient's motivation to work and has more activity during the day, there is documentation of evidence of objective functional improvement. However, the requested 12 sessions, in addition to the treatments already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Psychotherapy 12 weekly sessions is not medically necessary.

Referral to comprehensive pain management program for evaluation and treatment:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of a diagnosis of depressive disorder not otherwise specified with anxiety. In addition, there is documentation that previous methods of treating chronic pain have been unsuccessful and the patient exhibits motivation to change. However, there is no documentation that there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; and the patient is not a candidate for surgery where surgery or other treatments would clearly be warranted. Therefore, based on guidelines and a review of the evidence, the request for Referral to comprehensive pain management program for evaluation and treatment is not medically necessary.