

Case Number:	CM14-0154719		
Date Assigned:	10/03/2014	Date of Injury:	09/19/2011
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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:

Injured worker is a 40 year old male with date of injury 9/19/2011. Date of the UR decision was 9/5/2014. He encountered a tibial plateau fracture secondary to an ATV roll over and underwent open reduction internal fixation. Report dated 9/29/2014 suggested that the injured worker was status post lumbar fusion L5-S1 on 6/5/2014 and his post operative symptoms had improved. He had been undergoing physical therapy per the reported and had completed 5 sessions so far. Psychiatric review of systems was negative for anxiety and depression. Report dated 5/27/2014 indicated that he had undergone 7 surgeries so far for his back. It was suggested that he was being treated with Abilify 5 mg and Wellbutrin XL 150 mg daily for Major depression. He was also continued on Soma, Norco, Naproxen and Prilosec. It was suggested that he was status post gastric bypass, pain management for shoulders, back and knee. He has been prescribed Ambien, Zoloft, Trazodone and Cymbalta in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy once per week for 6 months (24 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. An official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guideline for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) The injured worker suffers from chronic pain and would be a good candidate for behavioral treatment of chronic pain. However, the request for Psychotherapy once per week for 6 months (24 visits) exceeds the guideline recommendations and is not medically necessary.