

Case Number:	CM14-0158652		
Date Assigned:	10/02/2014	Date of Injury:	01/23/2010
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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:

The claimant was injured on 01/23/10. 6 additional individual psychotherapy sessions have been requested and are under review. The claimant has diagnoses of right neurogenic thoracic outlet syndrome, cervical rib, cervical pain, major depressive disorder and moderate anxiety. She also has a phobia. She reportedly slipped and fell on the date of injury and sustained a right wrist and upper extremity injury. She underwent surgery for a TFCC tear on 08/22/10. She returned to work part-time postsurgically and worked for 6 months but could not tolerate work and stopped. She has been on multiple medications. She has also had injection therapy, PT, acupuncture, and hand therapy. She is a candidate for thoracic outlet syndrome surgery. She reports significant worsening of symptoms including right arm pain and has pain that has spread to her left arm and right leg. She has had fewer panic attacks. Recent worsening of pain had caused frequent headaches and migraines. She tried antidepressants but had side effects and stopped them. He was making significant gains in psychotherapy. Individual psychotherapy was recommended to improve her coping skills. She has reportedly had multiple visits to date. On 08/12/14, after 34 of 34 sessions, 6 additional visits were recommended. She was still struggling with managing her pain and may be a possible candidate for a functional restoration program. TOS surgery was being scheduled. She had tried to be more active but had significant pain flares. Her depression and anxiety had worsened to a high moderate range. She had a very difficult time adjusting to the pain and related loss following her injury and had depression and anxiety. Her anxiety had decreased to the moderate range. She had worked on gradual exposure, relaxation skills, and decreasing her anxiety episodes. She was motivated for treatment. On 09/09/14, she had a neurological consultation. Treatment for thoracic outlet syndrome was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions, quantity six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment/cognitive behavioral therapy Page(s): 133. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and stress: Cognitive Behavioral Therapy

Decision rationale: The history and documentation do not objectively support the request for 6 additional individual psychotherapy sessions. The MTUS state "psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." MTUS also refers one to the ODG which state "ODG Psychotherapy Guidelines:- Up to 13-20 visits over 7-20 weeks (individual sessions), 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.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."In this case, the claimant has attended what should have been a sufficient number of visits to date. Despite this treatment, recently she reported increased depression due to pain flares. It is not evident that she has received significant and sustainable benefit from this type of treatment that is sufficient to warrant its continuation. The medical necessity of an additional 6 visits of individual psychotherapy has not been demonstrated.