

Case Number:	CM14-0165188		
Date Assigned:	10/10/2014	Date of Injury:	01/26/1999
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 57 year old female who reported an injury on 01/26/1999 due to a fall. The injured worker's diagnoses included major depression, possible narcotic dependence, and moderate to severe level of psychosocial stressors. The injured worker's past treatments included surgery, medications, and psychiatric treatment. The injured worker's diagnostic studies were not provided. The injured worker's surgical history included two hip replacements, on unknown dates. On the clinical note dated 08/20/2014, the injured worker complained of worsening pain, depression, and anxiety. The injured worker had signs of depression, but admits to having suicidal ideations. The injured worker's medications included Norco 10mg a tablet several times a day but not exceeding 4 tablets daily, meloxicam, and somas 2 a day (frequency and dosage not provided). The treatment plan was for 12 psychotherapy sessions. The rationale for the request was to improve the injured worker's capacity for desire, pleasure, structure, and allow her to ventilate her frustration and anger. The Request for Authorization form was submitted on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy

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

Decision rationale: The request for 12 psychotherapy sessions is not medically necessary. The injured worker's diagnoses included major depression, possible narcotic dependence, and moderate to severe level of psychosocial stressors. The California MTUS guidelines state that before consideration of psychotherapy, evidence must indicate a lack of progress after 4 weeks of physical medicine. The documentation indicates the injured worker's medications included Norco 10mg a tablet several times a day but not exceeding 4 tablets, meloxicam, and somas 2 a day (frequency and dosage not provided). However, there is not documented evidence showing the failure to relieve symptoms. In addition, the guidelines state that the "initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is suggested." The request for 12 visits exceeds the recommended number of trials for the initial trial. Additionally, the documentation does not indicate if the injured worker has received psychotherapy in the past, as well as the number of visits and efficacy of any previous therapy. As such, the request for 12 psychotherapy sessions is not medically necessary.