

Case Number:	CM14-0020196		
Date Assigned:	04/28/2014	Date of Injury:	02/26/2007
Decision Date:	07/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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:

This case involves a 69-year-old male with a date of injury of 02/26/2007. The date of utilization review (UR) decision was 1/29/2014. He encountered left upper extremity injury due to industrial trauma, which resulted in chronic pain and eventually led to psychological symptoms. According to the progress report from 12/20/2013, the injured worker was diagnosed with depression with anxiety and cymbalta 60 mg was being prescribed for pain and mood management. He was seen for a Psychological evaluation on 01/14/2014, to evaluate the candidacy for a Functional Restoration Program. He was assessed to have high moderate range of symptoms for depression and anxiety on objective evaluation. The diagnosis of depressive disorder with anxious features was given. According to the progress report from 02/01/201, four to five (4-5) sessions of individual psychotherapy were recommended for delayed recovery of chronic pain. Per the Psychological evaluation from 01/17/2014, the injured worker received individual psychotherapy for about 1.5 years, from 01/2012 till 07/2013. From a Treating Psychologist Progress Report dated 08/12/2013, it appears that the injured worker has received about twelve to eighteen (12-18) sessions of treatment with the psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) SESSIONS OF PAIN EDUCATION AND COPING SKILLS THERAPY:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS; PSYCHOLOGICAL EVALUATIONS Page(s): 23, 100-102.

Decision rationale: The Chronic Pain Guidelines indicate 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. The guidelines also recommend 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. The guidelines indicate that the provider should consider separate psychotherapy cognitive behavioral therapy (CBT) referral after four (4) weeks if there is lack of progress from physical medicine alone. The criteria includes: Initial trial of three to four (3-4) psychotherapy visits over two (2) weeks; With evidence of objective functional improvement, total of up to six to ten (6-10) visits over five to six (5-6) weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has received numerous individual psychotherapy sessions. Per the psychological evaluation from 01/17/2014, the injured worker received about 12-18 sessions individual psychotherapy for about 1.5 years (from 01/2012 till 07/2013). There is no clear indication of exactly how many sessions he has received. There is no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of psychotherapy sessions for chronic pain issues per the guidelines quoted above. The request for ten (10) sessions of pain education and coping skills therapy is excessive and thus the medical necessity cannot be affirmed at this time.