

Case Number:	CM14-0024928		
Date Assigned:	06/11/2014	Date of Injury:	07/24/2009
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Psychologist 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 59-year-old male who reported an injury on 07/24/2009. The mechanism of injury was due to a truck malfunction that resulted in the injured worker having to deal with nearly 500 pounds of material. The diagnoses included pain disorder. Prior therapies included surgery, injections, and psychotherapy. Per the 05/01/2014 progress report, the injured worker reported experiencing high levels of depressive and anxiety symptoms. He also reported experiencing severe chronic pain and distress in his abdomen, groin, and low back. It was noted the injured worker had undergone several hernia surgeries, the most recent on 04/14/2014. The injured worker was currently participating in individual psychotherapy. It appeared at least 17 sessions had been completed to date. The injured worker reported significant benefit from engagement in psychotherapy. The provider noted he required continued individual psychotherapy to help him deal with his severe pain condition as well as his depression and anxiety symptoms. Per the 05/28/2014 progress report, the injured worker had been seen on 3 additional occasions for individual psychotherapy. The provider requested 12 additional sessions. The request for authorization form was submitted on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CA MTUS GUIDELINES, COGNITIVE BEHAVIORAL THERAPY (CBT), 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cognitive therapy for depression.

Decision rationale: The request for additional psychotherapy (12 sessions) is not medically necessary. The California MTUS Guidelines state psychological treatment is recommended for appropriately-identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. For the number of recommended sessions, the ODG were referenced. The ODG recommend up to 13 to 20 individual sessions, if progress is being made. The medical records provided indicate the injured worker had completed 20 sessions of psychotherapy as of 05/28/2014. It was noted the injured worker continued to experience high levels of depressive and anxiety symptoms. The injured worker reported significant benefit from engagement in psychotherapy. However, there is a lack of documentation to verify improvements made with previous sessions to justify treatment beyond the recommended 20 visits. Without documentation from the previous psychotherapy sessions, the request for an additional 12 sessions of psychotherapy is not supported. As such, the request is not medically necessary.