

Case Number:	CM14-0025756		
Date Assigned:	06/13/2014	Date of Injury:	11/01/2011
Decision Date:	07/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 44-year-old female who reported an injury on 11/10/2011. The mechanism of injury was described as facial exposure to staphylococcus. The clinical note dated 11/26/2013 reported that the injured worker complained of pain and discomfort in her face. The physical examination was not provided within the clinical notes. The injured worker's diagnoses included posttraumatic stress disorder chronic, pain disorder without agoraphobia, psychological factors affecting medical condition including anxiety and depression, aggravating gastrointestinal symptoms, hypertension, significant appetite and weight loss, respiratory and cardiovascular symptoms, and staphylococcus infection to the face with hospitalization and significant residual effects. The injured worker's prescribed medication list was not provided within the clinical notes. The provider requested individual psychotherapy sessions to address her facial staph infection. The request for authorization was submitted 02/19/2014. The injured worker's prior treatments were not provided within the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY X20 WEEKLY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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), Mental Illness & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The request for individual psychotherapy x 20 weekly sessions is not medically necessary. The injured worker complained of facial pain due to a facial infection. The treating physician's rationale for psychotherapy sessions is due to the injured worker's facial staph infection. The California MTUS guidelines recommend psychological treatments for appropriately identified patients during treatment for chronic pain. Cognitive Behavioral Therapy and self-regulatory treatments have been found to be particularly effective. The steps include: identify and address specific concerns about pain and enhance interventions that emphasize self-management; identify patients who continue to experience pain and disability after the usual time of recovery; and pain is sustained in spite of continued therapy (including the above psychological care). The Official Disability Guidelines for psychotherapy include 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. It is noted that the injured worker has suffered serious psychiatric problems which have arisen due to the very severe and rare form of staphylococcus infection to her face. There was a lack of clinical information indicating the prescribed medication list's efficacy on the injured worker's pain and psychological condition. There is a lack of clinical information indicating the injured worker's pain and psychological condition were unresolved with physical medicine. Furthermore, the request for 20 sessions exceeds the guideline recommendations of an initial trial course of 3-4 psychotherapy sessions. After objective functional improvement is evident with initial therapy, then additional sessions can be considered. As such, the request is not medically necessary.