

Case Number:	CM14-0025943		
Date Assigned:	08/15/2014	Date of Injury:	09/22/2003
Decision Date:	09/25/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old, who reported an injury on September 22, 2003; the mechanism of injury is not provided. On April 21, 2014, the injured worker presented with pain in the neck, low back, and left hand. Upon examination of the cervical spine there was mild torticollis, and there was positive head compression sign. There was a positive Spurling's with exquisite tenderness and muscle spasm both at rest and on range of motion. There was a levator scapulae knot noted. Decreased sensation was noted in the median distribution to the left hand. Examination of the lumbar spine noted tenderness to the thoracolumbar spine down the base of the pelvis. Paralumbar musculature and tenderness on stress of the pelvis. Diagnoses were cervical strain/sprain, mild cervical discopathy, lumbar sprain/strain, mild lumbar discopathy, lumbar facet arthropathy, hand joint pain, bilateral carpal tunnel syndrome mild, right knee pain, and depression. Prior therapy included exercise and medication. The provider recommended individual psychotherapy sessions and psychotropic medication management sessions. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty sessions of individual psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend psychotherapy referral after a 4 week lack of progression from physical medicine alone. An initial trial of 2 to 4 psychotherapy visits over two weeks should be recommended, and with the evidence of objective psychological improvement, a total of six to ten visits over five to six weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data in order to demonstrate significant deficits, which would require therapy, as well as establish a baseline by which to assess improvements during therapy. The request for twenty sessions of individual psychotherapy exceeds the guideline recommendations. Therefore, the request for twenty sessions of individual psychotherapy is not medically necessary or appropriate.

Six sessions of psychotropic medication management: 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) Pain Chapter, Office Visit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Pain, Office Visit.

Decision rationale: The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability. As injured workers' conditions are extremely varied, a set number of office visits per condition cannot reasonably be established. The determination of necessity of an office visit requires individualized case review and assessments, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system to self care as soon as clinically feasible. The provider's rationale for six sessions of medication management was not provided. There is lack of documentation on how six sessions of psychotropic medication management will allow the provider to evolve in the treatment plan or goals for the injured worker. Therefore, the request for six of psychotropic medication management is not medically necessary or appropriate.