

Case Number:	CM14-0028992		
Date Assigned:	06/20/2014	Date of Injury:	09/05/2009
Decision Date:	08/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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:

40 year old male injured worker with date of injury 9/5/09. Per psychiatric consult dated 12/20/13, the injured worker started to develop depression and anxiety issues in 2010 because he was worried about his ability to work and his ability to regain his function and to get better. He was worried about his chronic pain. Additionally. Sleep was decreased due to pain and anxiety. Energy, concentration, and appetite were decreased. He denied any history of thoughts of harm to self or others, suicide attempts, or violence. He denied any history consistent with past or present panic attacks, mania, hypomania, psychosis, generalized anxiety, social anxiety, posttraumatic stress, obsessive compulsive, or an eating disorder. His medications included Tramadol, and Ambien. Axis I diagnoses were major depressive disorder, single episode, moderate; anxiety disorder, NOS; psychological factors affecting medical condition (stress-intensified pain).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy psychiatric treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends 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. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it appears that psychiatric treatment is warranted. Per the documentation submitted for review, a request was made for psychiatric treatment in the form of psychiatric reevaluations, psychiatric medication management, and limited psychological testing once every two weeks for the first three months and once every month thereafter for the next nine months, however, as the request does not specify the quantity of requested visits, the request is not medically necessary.