

Case Number:	CM14-0031175		
Date Assigned:	05/02/2014	Date of Injury:	04/01/2010
Decision Date:	08/05/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	01/30/2014

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 is a 37-year-old male with a 4/1/10 date of injury. The patient was injured due to repetitive motion. On 1/3/14, the patient has continued neck pain. Physical therapy has not helped his symptoms. The objective exam revealed a normal neurological exam and decreased ROM of the cervical spine. On 7/19/13, the patient is noted to have undergone prior psychological treatment, but is not seeking treatment with a psychiatrist for management of his psychotropic medication. On 9/16/13, a psychiatric AME noted that the patient should receive an additional 14 sessions of counseling. He is noted to have a good relationship with [REDACTED], his psychologist. Diagnostic Impression: Major Depression, C5-6 Spondylosis, bilateral shoulder injury. Treatment to date: medication management, activity modification, physical therapy, psychotherapy. A Utilization Review decision dated 1/23/14 did not grant the request for psychotherapy because the patient received psychotherapy from 2012 to early 2013. The progress notes from the therapy sessions were not available for review. There is absent documentation of outcomes from prior therapy to support additional therapy. In addition, there was confusion regarding the actual request and whether psychotherapy or psychiatric sessions were being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY SESSIONS ,ONE TIME A MONTH FOR 6 MONTHS#6 SESSIONS FOR CHRONIC PAIN: 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 Psychotherapy Page(s): 19-23.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, California MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, from the documentation provided, it is unclear if psychotherapy is actually being requested. From the Utilization Review decision dated 1/23/14 indicated that a peer-to-peer conversation occurred, and the provider indicated that they were actually requesting psychiatric medication management, not psychotherapy. It is also noted that the patient is looking to switch psychologists. However, a psychiatric AME on 9/16/13 indicated the patient had a good relationship with his psychologist and recommended 14 additional counseling sessions. It is unclear how many psychotherapy sessions the patient has had to date. Guidelines support up to 10 sessions of psychotherapy in the setting of improvement from the psychotherapy. It is unclear if the patient has had improvement of his symptoms from the psychotherapy, and is documented to remain depressed. Therefore, the request for Additional Psychotherapy Sessions, one time a month for 6 months #6 sessions for Chronic Pain is not medically necessary.