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| Case Number: | CM14-0033660 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/29/1993 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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:

The injured worker (IW) is a 52 year old female with date of injury 1/29/1993-1/16/2003. Per the agreed medical evaluation report from 06/03/2010, the IW developed worsening back pain and knee pain for which she underwent multiple epidural steroid injection's, a right total knee replacement and a spinal stimulator implant. Per the report, she developed psychiatric symptoms including depression, anger, isolating, and anxiety with her worsening symptoms. She was diagnosed with Major depressive disorder, single episode with anxiety and was referred for psychological care. The submitted documentation suggests that the IW has been considered for pain pump, intrathecal pump and a morphine pump but was denied a few times. The IW is also receiving individual counseling from a psychologist as is evident from the notes. Psychiatric report from 10/14/2013 suggests that IW has been approved for morphine pump trial, is happy yet worried; sleeping better and is less tired. She is being treated for major depression and is taking Cymbalta, Wellbutrin, and Elavil for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

Decision rationale: The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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; an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. Upon review of the submitted documentation, it is gathered that the injured worker has had several psychotherapy sessions for the mood and chronic pain, but there has been no mention of "objective functional improvement". It is unclear as to how many sessions the IW has received, any evidence of functional improvement at this time. The request for 8 more psychotherapy sessions is not medically necessary at this time based on the lack of above information.