

Case Number:	CM14-0046860		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2006
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 59-year-old male with a 06/27/2006 date of injury. A specific mechanism of injury was not described. A 4/3/14 determination was modified from 12 requested sessions to 4 initial psychotherapy sessions. The modification was rendered to assess for functional improvement in accordance with evidence based guidelines recommendations. A 1/17/14 initial psychological evaluation noted depressed mood, restricted emotional expression, and difficulty maintaining a linear narrative. The patient appeared agitated at times, and his description of events were often rambling. Memory, attention, and concentration were appropriate. On psychological testing the patient revealed a severe level of subjective anxiety and a significant level of subjective physical distress. The patient did not have any prior psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of individual psych treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: 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). The patient had an initial psychological evaluation with findings of depression, anxiety, and physical distress. The prior determination appropriately modified the request for 12 sessions to 4 initial sessions to address functional gains from therapy. MTUS Guidelines supports an initial trial of 4 psychotherapy visits. As such, the request is medically necessary.