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| Case Number: | CM14-0053769 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/23/1999 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Psychology and is licensed to practice in Texas. 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 53-year-old male with a reported date of injury on 04/23/1999. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include severe depression psychosis. His previous treatments were noted to include psychotherapy and medications. The progress note dated 04/14/2014 revealed the injured worker became upset with the physician at the VA and a security guard had to be called in. The provider reported the injured worker was doing worse due to this excruciating pain level. The pain level left him more irritated and agitated. The injured worker had much more difficulty controlling his emotions and the pain kept him from sleeping which resulted in him being more irritable and having poor emotional control. The progress report dated 04/28/2014 revealed the injured worker was extremely agitated and overwhelmed, stating I can't take it anymore, meaning his pain. The injured worker's pain appeared to be increasing and the pain in his upper arm was spreading to his lower arm. The injured worker was very irritated and agitated and close to losing emotional control throughout the session. The provider reported the injured worker felt helpless and hopeless regarding his current situation and had no control over the authorization of his medical treatment. The provider reported that without the medical treatment, there was no help for relieving his pain or managing it more effectively. The injured worker reported OxyContin helped him and the alternatives of methadone made him more irritable and had severe negative side effects such as diarrhea. The request for authorization form was not submitted within the medical records. The request for psychotherapy, quantity 12, 1 hour sessions, was to help the injured worker reduce his misery due to his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Psychotherapy one hour sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The injured worker has received previous psychotherapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment was found to have a positive short-term effect on pain interference and long-term effective on return to work. The following guide to pain management that involves psychological intervention has been suggested as identifying and addressing specific concerns about pain and enhanced interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers and how to screen for patients that may need early psychological intervention, and identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options including brief individual or group therapy. If pain is sustained in spite of continued therapy (including the above psychological care), intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. The Official Disability Guidelines indicate for patients with chronic pain, psychological treatment has been shown to have a positive short-term effect on pain interference and long-term treatment or return to work. A trial of 6 visits is recommended over 3 to 6 weeks, and with positive symptomatic improvement, up to a total of 13 to 20 visits over 7 to 20 weeks can be considered. For severe cases, if there is documentation of progress, more sessions may be appropriate. The documentation provided revealed the injured worker's records failed to show any improvement as a result of this treatment. The documentation provided does not show the number of sessions previously attended. Therefore, due to the lack of documentation regarding symptomatic improvement and the number of previous sessions attended, the psychotherapy sessions are not warranted at this time. Therefore, the request for twelve (12) Psychotherapy one hour sessions is not medically necessary and appropriate.