

Case Number:	CM14-0059382		
Date Assigned:	07/09/2014	Date of Injury:	02/13/2012
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 licensed 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 62-year-old female who reported an injury after she tripped and fell 02/13/2012. The clinical note dated 04/06/2014 indicated diagnoses of major depressive disorder, single episode, moderate; and pain disorder associated with both psychological factors and a general medicine condition, chronic. The injured worker reported pain in the left arm that was intense. The injured worker reported that she had multiple surgeries to the shoulder and arm to try to stabilize the damage she sustained, but the injured worker reported the surgeries failed to address the damage. The injured worker reported her physical pain was 6- 8/10 and reported she was significantly depressed rated at 8/10. The injured worker reported no suicidal ideations but 1 suicidal related dream last year. The provider noted prominent vegetative symptoms. The injured worker had trouble with sleep and waking in the morning as well as decreased appetite, but increased weight. The provider noted the injured worker was fully oriented as to person, date, time, and place. The provider noted the injured worker benefitted from both levels of present psychotherapy. The injured worker participated in a motivated manner and was actively trying to learn and practice the methodology. The provider noted the injured worker was reasonably cognitively intact more than sufficiently able to participate in psychological services as indicated. The injured worker's prior treatments have included surgery, medication management, and six psychotherapy sessions. The provider submitted a request for 24 psychotherapy sessions. A request for authorization dated 04/06/2014 was submitted for 24 outpatient psychotherapy sessions; however, a rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty-four (24) outpatient psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 400-401. Decision based on Non-MTUS Citation ODG, Psychotherapy, Mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for Twenty-four (24) outpatient psychotherapy sessions is not medically necessary. The California MTUS guidelines recommend a psychotherapy referral after a 4-week lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 weeks would be recommended. Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Although the injured worker reported improvement, there was not enough significant functional or physical improvement since prior to psychotherapy. In addition, the guidelines indicate 13 to 20 sessions of additional continuing psychotherapy sessions with functional improvement; however, the request is for 24 sessions. Twenty-Four sessions is excessive. Therefore, the request for psychotherapy sessions is not medically necessary.