

Case Number:	CM14-0082084		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2011
Decision Date:	10/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine 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 patient is a 50-year-old male who has submitted a claim for rotator cuff sprain and severe depression associated with an industrial injury date of 9/11/2011. Medical records from 8/12/2012 up to 6/24/2014 were reviewed showing headaches, weakness, and nausea. She had 5/6 documented psychotherapy and biofeedback sessions. Patient noted feeling more relaxed and better able to cope with his pain after the sessions. Pre-treatment pain was at 5/10 and post-treatment pain was at 3/10 in severity. His functional improvement included increased hopefulness, increased independent ADLs, increased awareness of cognitive distortions, increased exercise, and decreased use of pain medications. It was recommended that the patient should have 6 additional visits to maximize improvement. As per PR dated 1/17/2014, patient had 20 CBT sessions to be used in a year. It was not clear whether these were used during the year or if it includes the 6 approved psychotherapy sessions. Treatment to date has included psychotherapy, Pristiq, Fetzima, Zolpidem, Tolterodine, Naproxen, Ondansetron, Docusate, Meclizine, and Mirtazapine. Utilization review from 5/29/2014 denied the request for 20 Sessions of psychology. Reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Sessions of psychology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Cognitive Behavioral Therapy(CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention; Psychological Treatment Page(s): 23; 101.

Decision rationale: According to pages 23 and 101 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient has undergone 5/6 psychotherapy and biofeedback sessions. Patient reported improvement in pain and function. His functional improvement included increased hopefulness, increased independent ADLs, increased awareness of cognitive distortions, increased exercise, and decreased use of pain medications. It was recommended that he should have an additional 6 visits to maximize improvement. However, the present request as submitted is for 20 sessions which exceeds guideline recommendation. There is no discussion concerning need for variance from the guidelines. Therefore the request for 20 Sessions of psychology is not medically necessary.