

Case Number:	CM14-0088469		
Date Assigned:	07/23/2014	Date of Injury:	02/16/2012
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/12/2014

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:

Injured worker is a 33 year old female with date of injury 2/16/2012. Date of the UR decision was 5/9/2014. Report dated 4/30/2014 listed subjective complaints of profound levels of depression, tearfulness, anxiety, insomnia, inability to make decisions due to lack of confidence, low self esteem and low energy levels. She reported poor sleep due to chronic pain issues. Objective findings stated that Psychotherapy helped the injured worker stabilize feelings of depression through cognitive behavioral therapy techniques such as cognitive reframing, assertiveness training, motivational interviewing and relaxation training. She was diagnosed with Major Depressive Disorder, single episode, severe; Insomnia type sleep disorder due to pain and Psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Psychotherapy treatment; one session per week for twenty weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness and Stress; Cognitive therapy for depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends 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: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, that the injured worker suffers from psychological issues secondary to severe and chronic pain per report dated 4/30/2014. It is gathered that she has received psychotherapy sessions focussed on Cognitive Behavioral techniques such as cognitive reframing, assertiveness training, motivational interviewing and relaxation training. There is no clear documentation regarding the number of sessions she has received so far, or any mention of "objective functional improvement" with the treatment. The request for Weekly Psychotherapy treatment; one session per week for twenty is not medically necessary based on lack of information regarding the details of prior psychotherapy treatment.