

Case Number:	CM14-0089693		
Date Assigned:	09/19/2014	Date of Injury:	04/02/2010
Decision Date:	10/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 61-year-old female who reported an injury on 04/02/2010 reportedly while she was trying to open a can of corn with a kitchen knife. She felt pain shooting up her right hand, arm, and shoulder into her lower back. The injured worker's treatment history included acupuncture sessions, 33 individual psychotherapy sessions, EMG/NCV studies, medications, surgery, and physical therapy. A psychological Qualified Medical Exam conducted in 10/2012 recommended the injured worker participate in 24 to 36 sessions of psychotherapy to address pain, work functioning, and mood. The injured worker was evaluated on 08/04/2014 and it was documented that the injured worker was feeling tired a lot. She was sleeping a lot. She was taking her new injection of her diabetes medication for the last couple of weeks. This was the same period of time that she had now felt somewhat more tired. The injured worker was wondering whether her Prozac was causing difficulties. Her blood sugar was down to normal and she had lost some weight. Objective findings revealed mood was mildly anxious, affect bright, concentration was good. No suicidal ideation. It was documented the injured worker had used 15 of the 21 visits. Diagnosis includes depressive disorder, not elsewhere classified. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy #10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Biofeedback Page(s): 24.

Decision rationale: The request for outpatient psychotherapy # 10 sessions is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - 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). The documentation submitted failed to indicate the injured worker's long term functional goal. Documents submitted indicated the injured worker has had 33 individual psychotherapy sessions. She is diagnosed with depressive disorder, not otherwise specified, and mild in severity. The submitted documentation does not provide any information regarding her functional objective improvements as a result of the previous 33 sessions of individual psychotherapy. The request for 10 additional sessions of individual psychotherapy is not recommended. As such, the request for outpatient psychotherapy # 10 sessions is not medically necessary.