MAXIMUS Federal Services

Case Number:	CM14-0097194		
Date Assigned:	07/28/2014	Date of Injury:	08/31/1998
Decision Date:	08/28/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 Child Adolescent & 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:

The injured worker is a 51 year old male who was injured at work on August 31, 1998. The injured worker suffered a repetitive overhead strain injury which produced pain in his neck and back. He underwent an anterior cervical fusion in April 17, 2000, radiofrequency nerve ablation in the lumbar area on February 17, 2004, and epidural lumbar spinal injections on November 11, 2003. The injured worker also received physical therapy, a Transcutaneous Electrical Nerve Stimulation (TENS) unit and inpatient detox at a local facility on March 09, 2014. The injured worker has continued to report chronic pain in his neck, shoulders, and mid to low back. He was also diagnosed with major depression. A treating physician's report dated July 25, 2014 noted the injured worker undergoing group therapy, art therapy and an unknown number of individual psychotherapy sessions. He was prescribed psychotropic medications Prozac, Wellbutrin, Risperidone, Xanax and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

On-going supportive psychotherapy, CBT for pain and DBT for distress tolerance (unspec. freq/duration): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ; psychotherpy for affective disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 15, Stress Related Conditions, Behavioral Techniques Page(s): 401-402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Psychotherapy for depression.

Decision rationale: MTUS Guidelines indicate that cognitive behavioral therapy (CBT) can be beneficial in helping alter the individual's perception of pain, and also in improving coping methods in response to stress. This can then help to reduce the overall pain, and potentially alleviate secondary depression and anxiety. The injured worker is reporting ongoing pain. He is also diagnosed with Major Depression and is prescribed several psychotropic medications to treat these symptoms. The request for ongoing supportive psychotherapy, plus CBT, plus DBT, is too nonspecific, and excessive for the injured worker's condition, based on the guidelines. Additionally, there is no specified number of sessions in the request, so that the request is essentially open-ended. The guidelines do not recommend open-ended treatment. The ODG recommends up to a maximum of 10 sessions after an initial trial of 3 - 4 sessions if there has been objective functional improvement. In the absence of specified number of sessions, and without clarification regarding the rationale for requesting three different modalities of psychotherapy, the request is therefore not medically necessary.