

Case Number:	CM13-0040923		
Date Assigned:	12/20/2013	Date of Injury:	08/23/2010
Decision Date:	01/23/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal 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 injured worker (IW) is a 65-year-old man with a date of injury of August 23, 2010. The mechanism of injury was not documented. The current diagnoses are pain disorder associated with both psychological factors and a general medical condition, industrial; depressive disorder, industrial. The medical record contains two (2) Primary Treating Physician's Progress Reports (PR-2) for review. The first dated May 3, 2013, and the most recent dated October 10, 2013. According to the May 3, 2013 PR-2, the IW complains of depression, chronic pain low self-esteem, and adjustment post injury. Objective findings include depression, anxiety, and chronic pain. The IW continues to participate in individual cognitive behavioral psychotherapy approximately every-other-week. Current symptoms include mild depression, anhedonia, worries about the future, and physical limitations/pain. Functional improvements include regular exercise, increased self-care, increased socialization, and increased periods of calm and stable mood. There was no evidence of objective functional improvement associated with cognitive behavioral therapy. The IW was instructed to return to full duty with no psychological limitations or restrictions. The October 10, 2013 PR-2 indicated the same subjective and objective findings as the May 3, 2013 note. As of October 10, 2013, the IW has completed 17 cognitive behavioral therapy sessions. The IW was instructed to return to modified work with the following limitations or restrictions: No work with high levels of stress or prolonged concentration. Part-time work only. The current request is for psychotherapy X 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional individual psychotherapy x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, additional individual psychotherapy sessions times six are not medically necessary. The Official Disability Guidelines enumerate the frequency and duration for psychotherapy to be administered. After 13 to 20 visits over 7 to 20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued appropriate. In this case, the latest progress note in the medical record is from October 2013. The current diagnoses are pain disorder associated with both psychological factors; a general medical condition, industrial; and depressive disorder, industrial. Subjective complaints of depression, chronic pain, low self-esteem, and adjustment post injury. The physical examination states depression, anxiety and chronic pain. There are no objective findings noted in the medical record treatment plan for May 3, 2013. The progress note indicates patient is returned to full duty with no psychological limitations or restrictions. In the treatment plan the patient is currently participating in individual cognitive behavioral psychotherapy approximately once every other week. Treatment is focused on decreasing symptoms of depression and anxiety. See report for details page 75 the medical record. The October 10, 2013 progress note indicates patient is returned to modified duty with no work with high levels of stress or prolonged concentration. Subjective complaints and objective findings remain the same. There are no objective findings noted in the medical record number of sessions to date are #17. Future treatment will focus on continued production of emotional symptoms and cognitive techniques, maintenance of treatment gains and future planning. There is no discussion why the work status has changed. The latest progress note to review was approximately 15 months old (from 2013). There is no objective information in the progress notes with which to make a determination. The guidelines allow 13 to 20 visits, if progress is being made. There is no documentation over the subsequent 15 months through the present with which to make clinical determination. Consequently, absent any updated progress notes, and evidence of objective functional improvement with cognitive behavioral therapy, additional individual psychotherapy sessions times six are not medically necessary.