

Case Number:	CM14-0161408		
Date Assigned:	10/06/2014	Date of Injury:	09/17/2010
Decision Date:	01/06/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 35-year-old man who sustained a work related injury on September 7, 2010. Subsequently, he developed chronic left side pain. According to a psychological assessment dated November 21, 2014, the patient reported persisting pain that interferes with his sleep. He felt nervous and anxious. He worried excessively about his worsening financial circumstances, his ability to work in the future, and his physical limitations. He noted an improvement in his emotional condition. Objective findings included: sad and anxious mood, depressed affect, apprehensive, and body tension. The patient reported improved mood and ability to use breathing exercises to manage levels of anxiety and depression. His death thoughts had also decreased with treatment. Diagnoses include major depressive disorder and anxiety disorder. The provider requested authorization for crisis intervention, as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crisis intervention, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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)>.The patient was diagnosed with anxiety and major depression, which are risk factors for delaying his recovery. The need for psychotherapy session is established. He already had significant benefit from previous sessions. However the prescription of crisis intervention is not necessary without documentation of pain and functional benefit. As per ODG guidelines, it is recommended to start with 6 sessions and monitor the patient improvement for the need of more sessions. Therefore, the request for crisis intervention, as needed is not medically necessary.