

Case Number:	CM14-0194117		
Date Assigned:	12/01/2014	Date of Injury:	06/14/2010
Decision Date:	01/16/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/19/2014

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 48 year old male with date of injury 6/14/2010. Date of the UR decision was 11/14/2014. He encountered pain in the low back and neck while performing his customary work duties and was removing a double sink which was cast iron and was placing it back at their shop facility. Per report dated 10/16/2014, the injured worker was suffering from psychiatric symptoms secondary to chronic pain such as increased social isolation and avoidance; decreased self-care activities; limited functional ability, depressed mood, anxiety and panic attacks. He was diagnosed with major depressive disorder- moderate single episode, generalized anxiety disorder and pain disorder due to both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions with a psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102.

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 recommend 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, it is gathered that the injured worker would be a good candidate for the behavioral treatment of chronic pain. However, the request for 12 Sessions with Psychologist exceeds the guideline recommendations for an initial trial of 3-4 psychotherapy visits over 2 weeks. Thus, the request is not medically necessary at this time.