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| Case Number: | CM14-0202421 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 09/07/2007 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Psychiatrist (MD) 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 44 year old female with date of injury 09/07/2007. Date of the UR decision was 11/25/2014. She sustained injury to her right buttock when she fell down the stairs. She underwent L4-5 and L5-S1 fusion with hardware removal and had spondylolisthesis at L2-3. She also underwent epidural injections with relief of symptoms, radiofrequency ablation, spine surgery in 2009 and postoperative physical therapy, hardware was removed in 2013. Per Psychiatrist report dated 10/17/2014, the injured worker had been in treatment for Depressive Disorder with a History of Amphetamine Abuse in Sustained Remission and was being prescribed Wellbutrin SR 150 mg and Cymbalta 60 mg. It was suggested that she had received a few psychotherapy sessions in 2014. Per report dated 11/11/2014, the injured worker admitted to abusing alcohol to her psychotherapist. At that visit, the dose of Effexor was increased and Risperidal was continued. The treating provider requested 10 psychotherapy sessions at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Psychotherapy Visits for Depression: Upheld

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

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)Injured worker has been suffering from chronic pain and developed psychological symptoms secondary to the chronic pain. Per Psychiatrist report dated 10/17/2014, the injured worker had been in treatment for Depressive Disorder with a History of Amphetamine Abuse in Sustained Remission. The injured worker suffers from depression as a consequence of chronic pain. The request for 10 Psychotherapy Visits for Depression exceeds the guideline recommendations of initial trial of 3-4 psychotherapy visits over 2 weeks. Thus, the request is not medically necessary at this time.