

Case Number:	CM14-0207313		
Date Assigned:	12/19/2014	Date of Injury:	12/18/2010
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 43 year old female with date of injury 12/28/2010. She suffers from chronic pain related to cervical myoligamentous sprain/strain with radicular complaints, lumbar spine sprain/strain with radicular components and left carpal tunnel syndrome and psychological consequences related to the same. Per report dated 8/13/2014, the injured worker was diagnosed with Major Depressive Disorder, severe. She presented with complaints of headache, fatigue, anxiety, fear. Depression, anger, feeling overwhelmed, confusion, poor attention, nightmares, poor concentration, withdrawal and inability to rest. It was noted that she continued to exhibit symptoms of severe depression and anxiety but had no suicidal ideations. It was suggested that she had been treated with medications including Effexor, Klonopin, Abilify as well as with individual psychotherapy. She also carries the diagnosis of anxiety disorder not otherwise specified and sleep disorder secondary to a medical condition. It has been documented that she underwent bimonthly psychotherapy sessions and has completed at least 12 sessions so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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 has had at least 12 psychotherapy sessions. The guidelines recommend total of up to 6-10 visits over 5-6 weeks (individual sessions) based on evidence of objective functional improved. It is to be noted that the injured worker has already exceeded the guideline recommendations for psychotherapy for chronic pain. Thus, the request for Psychotherapy x 20 sessions is not medically necessary.