

Case Number:	CM15-0136717		
Date Assigned:	07/24/2015	Date of Injury:	07/16/2010
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker is a 57 year old female with an industrial injury dated 07/16/2010. The injured worker's diagnoses include cervical disc diseases, cervical radiculopathy, bilateral shoulder sprain & strain, status post lumbar fusion in 2012, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, painful retained hardware, transgression of the right pedal screw and posterior displacement of the cage, bilateral knee osteoarthritis and chondromalacia patella. Treatment consisted of diagnostic studies, prescribed medications, injections, physical therapy and periodic follow up visits. In a progress note dated 05/01/2015, the injured worker reported cervical spine pain, bilateral shoulder pain, lumbar spine pain, and bilateral knee pain. Documentation noted that the injured worker was tearful and frustrated during consultation. The treating physician reported that she is experiencing a tremendous amount of anxiety and depression and that she denied any homicidal or suicidal ideation. The injured worker reported that she was miserable and frustrated due to her low back symptomology. Recommendation was to continue care with therapist in regard to anxiety and depression developed after industrial-related injury. The treating physician prescribed services for outpatient psychotherapy sessions, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 recommends 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 suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Psychotherapy, unspecified number of sessions is not medically necessary since the guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks.