

Case Number:	CM15-0143023		
Date Assigned:	08/03/2015	Date of Injury:	07/30/2012
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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 53 year old female, who sustained an industrial injury on July 30, 2012. She reported lower back, right hip and groin pain. Treatment to date has included MRI, physical therapy, medication, lumbar brace, cognitive behavioral therapy, TENS unit and home exercise program. Currently, the injured worker complains of right hip pain rated at 8 on 10 at its peak. She also is reporting sleep disturbance and symptoms of depression. The injured worker is currently diagnosed with lumbar strain-sprain, lumbar radiculopathy and hip pain labrum tear. Her work status is modified duty. A psychological evaluation dated November 13, 2014, states the pain negatively affects the injured worker's mood and self-esteem. The note also states, the injured worker experienced sleep disturbance and weight loss. In a progress note dated February 6, 2015, it states the injured worker is engaged in cognitive behavioral therapy and finds it helpful. The note further states the injured worker reports increased depression since the industrial injury. A note dated May 1, 2015, states the injured worker experienced therapeutic failure with Paxil and Cymbalta was ordered. A physical therapy note dated June 1, 2015, states the injured worker tolerated the treatments without complaints of increased pain. Efficacy from home exercise program, TENS unit and lumbar brace were not included in the documentation. Due to the injured worker's complaints of depression an initial psychological evaluation and 5 psychotherapy visits are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) initial psychological evaluation and 5 psychotherapy visits: 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 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 has had prior sessions of psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The documentation does not mention the total number of sessions completed so far. The medical necessity of further psychotherapy treatment cannot be affirmed based on the lack of information regarding prior treatment. Thus, the request for One (1) initial psychological evaluation and 5 psychotherapy visit is not clinically indicated.