

Case Number:	CM15-0148518		
Date Assigned:	08/11/2015	Date of Injury:	04/15/1998
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on April 15, 1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having major depressive disorder, pain in the joints involving multiple sites, myalgia and myositis, and cervicgia. Treatment and diagnostic studies to date has included physical therapy, outpatient psychotherapy, pool therapy, massage, injections, lumbar spine epidural injection, trigger point injections, and Toradol injections. In a progress note dated May 15, 2015 the treating psychologist reported continued symptoms of anxiety, but also has noted improvement in her affect and improvement in her cognitive and behavior interventions for addressing her pain management and her difficulties with activities of daily living. The treating psychologist also noted that the injured worker was highly motivated during therapy. The documentation provided did not indicate the quantity of prior psychotherapy performed. The treating physician requested outpatient psychotherapy twice monthly for six sessions to increase the injured worker's pain management skills, increase the injured worker's cognitive functioning and coping skills, increase the injured worker's activities of daily living, give the injured worker a feeling of self-efficacy, and to decrease depressive and anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy twice monthly for six sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cognitive behavioral therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient psychotherapy two times per month times six sessions are not medically necessary. Cognitive behavioral therapy guidelines for chronic pain include 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 a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, up to 6 -10 visits over 5 - 6 weeks (individual sessions). In this case, the injured worker's working diagnosis is major depressive disorder, single episode. The date of injury is April 15, 1998. Request for authorization is dated June 26, 2015. The documentation shows the injured worker received, at a minimum, 18 psychotherapy visits between July 30, 2014 and March 20, 2015. Utilization review states the injured worker has been attending psychotherapy for one year with no documentation or evidence of objective functional improvement. According to a June 26, 2015 psychotherapy progress note, the injured worker is doing better. There are no objective findings documented in the record. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, up to 6 - 10 visits over 5 - 6 weeks (individual sessions). There is no evidence of objective improvement. Based on the clinical information in medical record, peer-reviewed evidence-based guidelines and lack of objective functional improvement with psychotherapy treatment in excess of one year, outpatient psychotherapy two times per month times six sessions are not medically necessary.