MAXIMUS Federal Services

Case Number:	CM15-0163208		
Date Assigned:	08/31/2015	Date of Injury:	11/06/1994
Decision Date:	10/05/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on November 06, 1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having anxiety, depression, chronic pain, lumbago, and opiate weaning. Treatment and diagnostic studies to date has included at least twelve sessions of psychotherapy with cognitive behavior therapy, mindfulness therapy, acceptance and commitment therapy, and biofeedback, medication regimen, and physical therapy. In a progress note from June 29, 2015, the treating psychologist reported the injured worker to be frustrated and stressed. The treating psychologist also noted that the injured worker has an increase in cramping with the legs giving out. The injured worker's pain level was rated a 7 to 8 out of 10. The injured worker noted using deep breathing for anxiety and stress prior to the use of his medication regimen. In a summary note of twelve sessions of psychotherapy dated July 09, 2015 the treating psychologist reports that the previous psychotherapy sessions has assisted supporting the injured worker while he continues to wean off of his opiate medication with pain coping skills and mood regulation skills. The treating physician requested twelve sessions of counseling psychotherapy treatments to assist in supporting him as he weans down from his opiate medication along with pain coping skills and mood regulation skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Counseling psychotherapy treatments: 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 Behavioral Interventions Page(s): 23.

Decision rationale: Based on the 7/9/15 progress report provided by the treating physician, this patient presents with chronic pain, depression, anxiety, and is weaning off of opiates. The treater has asked for 12 COUNSELING PSYCHOTHERAPY TREATMENTS on 7/9/15 "to help support his continued decrease of opiate medication, pain coping skills, and mood regulation skills." The patient's diagnoses per request for authorization dated 7/9/15 are pain disorder, depressive disorder, and lumbago. The patient is s/p over 65 sessions of cognitive behavior therapy from February 2011 to June 2015 per review of reports. The patient states his pain ins improved unless he lifts or bends per 9/23/14 report. The patient states his leg pain is bad but withdrawal symptoms are manageable per 10/7/14 report. The patient gets jolts of electrical pain, and his mood is anxious and stressed per 11/25/14 report. The patient's pain is about the same but he still gets pain spikes per 12/10/14 report. The patient's work status is not included in the provided documentation. MTUS, Behavioral Interventions Section, page 23: 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ)...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 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) ODG-TWC, Mental Illness & Stress Chapter under Cognitive therapy for depression: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case, the treater is requesting additional 12 sessions of psychotherapy. The patient does present with a diagnosis of depressive disorder, and ODG guidelines allow up to 50 sessions of therapy if progress is shown to be made for cases of major depression. However, review of the reports show 65 sessions of CBT from 2011 until 2015. The patient has been weaning off opiates and dealing with withdrawal symptoms since 9/23/14, more than 9 months ago. There is no documentation of progress made from prior psychotherapy treatments. The request for 12 additional sessions of psychotherapy exceeds MTUS guidelines for this patient's condition. Therefore, the request IS NOT medically necessary.