

Case Number:	CM15-0163967		
Date Assigned:	09/15/2015	Date of Injury:	08/23/2013
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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 39-year-old male, who sustained an industrial injury on 08-23-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left hand and wrist sprain, neck sprain, left shoulder sprain, left leg and knee sprain, major depressive disorder, and anxiety disorder. Medical records (01-29-2015 to 07-02-2015) indicate ongoing neck, left shoulder, left hand and left leg pain, as well as continued depression and anxiety. Records also indicate that the injured worker continues to report chronic pain as well as secondary depression and anxiety, which was noted to be improving due to psychotherapy. Per the treating physician's progress report (PR), the IW has not returned to work. The psychological evaluation PR, dated 06-24-2015 and 07-02-2015, stated that the IW presents with ongoing anxiety, intrusive thoughts, fatigue, depression, poor concentration and recent memory, excessive worrying, sexual dysfunction, sleep disturbance, and appetite disturbance. The IW denied any suicidal ideations, intent or plan, although he did acknowledge having experienced suicidal ideations. Relevant treatments have included left wrist surgery, left shoulder surgery, dental surgery, physical therapy, psychotherapy, chiropractic treatments, work restrictions, and pain medications. A full psychological exam, dated 01-29-2015, indicates that the injured worker score a 1 on the Epworth sleepiness scale, 29 on the Raven progressive matrices, 21 on the Beck depression inventory-II and Beck anxiety inventory, and 13 on the Pain catastrophizing scale. The request for authorization (08-05-2015) shows that the following therapy was requested: 12 additional sessions of psychotherapy. The original utilization review (08-12-2015) denied a request for 12 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness: Cognitive therapy for depression.

Decision rationale: The 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. The 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). The MTUS Guidelines are silent regarding this issue. The ODG Psychotherapy Guidelines recommend an initial trial of 6 visits and 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. Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma as well as depression and would be a good candidate for behavioral treatment of chronic pain. However, the request for 12 Sessions of Psychotherapy exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.