

Case Number:	CM15-0181280		
Date Assigned:	09/22/2015	Date of Injury:	01/03/2012
Decision Date:	11/17/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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 56 year old female who sustained an industrial injury on 01-03-2012. Medical records indicated the worker was treated for physical and psychogenic pain. According to the PR2 and request for authorization of treatment dated 08-14-2015, the worker's medical treatment has included five surgeries on the right foot, the first surgery in 10-2002, and the most recent 10-2014. The worker has had physical therapy, and does home physical therapy exercises. She continues to relate a high general pain level (not qualified or quantified in the report of 08-14-2015). The worker has had 27 of 28 visits of individual psychotherapy with cognitive behavioral group (CBT) therapy for 10 visits prior to the individual session. Her medications include Cymbalta, trazodone, and Norco. The Cymbalta helps with her mood, and the Cymbalta was hoped to improve her nerve pain, but no benefit other than improved mood and quality-quantity of sleep are addressed. The provider letter states her level of depression has improved, and the provider feels that "without continued psychotherapy she is likely to experience a worsening depression which will interfere with her overall recovery from the injury and pain." A request for authorization was submitted 08-18-2015 for Additional 6 Psychological Visits. A utilization review decision 08-25-2015 denied the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 Psychological Visits: 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 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 almost 30 psychotherapy sessions so far. She has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Thus, the request for additional 6 Psychological Visits is not medically necessary at this time.