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| Case Number: | CM15-0184074 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 10/06/2010 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Psychologist

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 male, who sustained an industrial injury on October 6, 2010. He reported neck pain, back pain and bilateral foot and leg pain. The injured worker was diagnosed as having chronic regional pain syndrome (CRPS) of the lower extremities. Treatment to date has included diagnostic studies, psychological, vocational and physical therapy, functional restoration program, a series of 3 sympathetic blocks (with 0% relief), medications and work restrictions. Currently, the injured worker continues to report neck pain, back pain and bilateral foot pain radiating to the legs. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. Evaluation on March 9, 2015, revealed continued shooting pain from the foot, up the legs, back pain and neck pain. He rated his pain at 6-7 on a 1- 10 scale with 10 being the worst. It was noted he ambulated with a cane, has fallen more than a few times and has trouble getting in and out of the house. He reported depression and anxiety secondary to the chronic pain. It was recommended that the psychiatry continue, he start participating in light work opportunities and the Norco should be weaned. Evaluation on September 1, 2015, revealed continued pain rated at 6 on a 1-10 scale with 10 being the worst. It was noted he felt he was improving and was trying to work out in the gym however was "sliding back in terms of depression". It was noted he was weaned from Norco but continued Lyrica. It was recommended psychotherapy continue. The RFA included a request for Psychotherapy 1 time a week for 6 weeks and was non-certified on the utilization review (UR) on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 time a week for 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from treating psychologist, [REDACTED], since April 2013. In [REDACTED] appeal letter dated 9/28/15, he reported that he provided a total of 21 psychotherapy sessions to the injured worker since his initial evaluation in April 2013. It appears that the injured worker had been able to manage his symptoms until they were exacerbated following his discharge from an FRP in July 2015. Considering that follow-up psychotherapy sessions are helpful for continuity of care following an FRP as well as [REDACTED] appropriate arguments and rationale for additional treatment, the request for an additional 6 psychotherapy sessions appears reasonable and therefore, medically necessary.