

Case Number:	CM15-0192606		
Date Assigned:	10/06/2015	Date of Injury:	12/29/1995
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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, 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 46 year old female, who sustained an industrial injury on December 29, 1995. The injured worker was diagnosed as having thoracic back pain. Treatment and diagnostic studies to date has included physical therapy, nerve conduction study, psychotherapy, magnetic resonance imaging of the thoracic spine, medication regimen, and cortisone injections. The progress note from April 20, 2015 requested re-authorization for psychologist, but the medical records provided did not indicate the quantity of prior psychotherapy sessions. In the progress note from August 26, 2015 the treating physician noted that the injured worker sees a psychologist for counseling, but the documentation provided did not include any psychological signs or symptoms, documentation of psychiatric diagnoses, or any documentation of functional improvement from prior psychotherapy sessions. The progress note from August 26, 2015 noted complaints of difficulty sleeping secondary to aching bones along with the treating physician advising a "decrease in alcohol consumption" due to the difficulty sleeping. The treating physician requested individual psychotherapy for six additional sessions at once a month for six months for continued care. On September 17, 2015, the Utilization Review determined the request for individual psychotherapy for six additional sessions at once a month for six months to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy for six additional sessions, once a month for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: 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). The injured worker was diagnosed as having thoracic back pain and has undergone psychotherapy treatment. Upon review of the submitted documentation, it is gathered that the injured worker has had almost 20 psychotherapy sessions but there has been no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for individual Psychotherapy for six additional sessions, once a month for six months is not medically necessary at this time.