

Case Number:	CM15-0202323		
Date Assigned:	10/19/2015	Date of Injury:	12/26/2008
Decision Date:	12/07/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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 64 year old male, who sustained an industrial injury on 12-26-2008. The injured worker is undergoing treatment for: major depression, anxiety disorder, and plantar fasciitis. On 8-4-15, and 9-3-15, he reported anxiety. Objective findings revealed him as a "well oriented to person, place, time and situation". He indicated being seen by vocational rehab specialist and being considered 100 percent disabled. There is no current discussion of the results of the already completed psychotherapy sessions. The treatment and diagnostic testing to date has included: psychotherapy (multiple sessions completed). Current work status: off work. The request for authorization is for: individual psychotherapy, one hour bi-weekly for 6 months (12 sessions). The UR dated 10-5-2015: non-certified the request for individual psychotherapy, one hour bi-weekly for 6 months (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1 hour biweekly for 6 months (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: 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). ODG Psychotherapy Guidelines recommend: 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.) Upon review of the submitted documentation, it is gathered that the injured worker has undergone psychotherapy treatment but there is no clear documentation regarding the number of sessions completed so far or any evidence of "objective functional improvement". The request for individual psychotherapy 1 hour biweekly for 6 months (12 sessions) is not medically necessary at this time based on lack of information regarding the details of prior treatment.