

Case Number:	CM15-0220146		
Date Assigned:	11/13/2015	Date of Injury:	06/15/2010
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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 58 year old female, who sustained an industrial injury on 06-15-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for headaches, cervical pain, right shoulder injury, lumbar pain, radiculopathy, left hip replacement, bilateral knee pain, insomnia depression and anxiety. Medical records (05-07-2015 to 10-22-2015) indicate ongoing depressed moods and physical pain. Records also indicate increased activity within the home with increased pain, and increased social withdrawal and non-use of social network. Per the treating physician's progress report (PR), the IW can return to work with restrictions. The psychological exam, dated 10-22-2015, revealed a mildly depressed mood, noticeable weight loss, and indicated negative appraisals. Relevant treatments have included: 14 psychological treatments, work restrictions, and medications. There is noted improvement in the IW's mood with psychological treatments. The treating psychologist indicates that the IW requires 6 sessions of psychological therapy based on an increased GAF (global assessment of function) score of 65, continued maintenance of weight loss, and management of opioid medications. The request for authorization (10-23-2015) shows that the following treatment was requested: 6 sessions of psychological therapy. The original utilization review (11-02-2015) partially approved the request for 6 sessions of psychological therapy, which was modified to 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 3 times 2: 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 noted that the injured worker has undergone approximately 22 psychotherapy sessions so far. The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for Psychotherapy 3 times 2, i.e. additional 6 sessions is not medically necessary.