

Case Number:	CM15-0030054		
Date Assigned:	02/23/2015	Date of Injury:	03/12/1993
Decision Date:	05/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 61 year old female whose date of injury is 03/12/1993. She has reported subsequent back, elbow and lower extremity pain and was diagnosed with lumbosacral spondylosis, unspecified enthesopathy of ankle, lateral epicondylitis of the elbow and idiopathic peripheral neuropathy. Treatment to date has included oral pain medication and an intrathecal pump. In a progress note dated 01/21/2015 she reported more pain than usual, effecting her mood. She was prescribed Cymbalta, Provigil, and alprazolam which were all said to allow her to function. It was noted that her stability improves with consistent psychotherapy. A peer review report of 02/03/15 indicated that the patient had developed depression, anxiety, and poor sleep secondary to her injury. Her diagnoses were major depressive disorder and pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue psychotherapy biweekly visits x 12 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, Mental Illness and Stress, Cognitive Therapy for Depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions 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. See also Multi-disciplinary pain programs.ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ).Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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) Page(s): 23 of 127.

Decision rationale: According to records provided, the patient suffers from major depressive disorder related to chronic pain from an industrial injury. Her stability improves with consistent psychotherapy however, no further documentation was provided. It is unknown for what length of time the patient has been in psychotherapy, and for that matter what type (e.g. supportive, CBT, etc). There is no rationale for this request, no subjective symptoms reported, no rating scales, and no evidence of objective functional improvement provided. This request is therefore not medically necessary.