

Case Number:	CM15-0036004		
Date Assigned:	03/04/2015	Date of Injury:	11/05/2002
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/25/2015

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:

This 54-year-old woman sustained an industrial injury on 11/5/2002 to her bilateral wrists, hands, fingers, neck, right shoulder, right elbow, upper back, and psyche due to cumulative trauma. Treatment has included oral medications. Physician notes dated 1/27/2015 show a request for authorization extension of psychotherapy sessions. The worker has apparently thrown her back out which is adversely affecting her mood. The extension is requested as the expiration date is approaching and she is restructuring her life and has interrupted her withdrawal tendencies. On 2/9/2015, Utilization Review evaluated a prescription for an additional ten psychotherapy sessions that was submitted on 2/25/2015. The UR physician noted that the medical necessity for psychotherapy has been established. The MTUS, ACOEM Guidelines, (or ODG) were cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy Sessions Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102.

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 recommend 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 gathered that the injured worker has undergone psychotherapy treatment. Thus, the request for Additional Psychotherapy Sessions Qty 10 is excessive and not medically necessary as the injured worker has had unknown number of psychotherapy sessions and the request for 10 more sessions would exceed the guidelines recommendations for behavioral treatment of chronic pain exceeds the guideline recommendations.