

Case Number:	CM15-0041154		
Date Assigned:	04/09/2015	Date of Injury:	12/17/2014
Decision Date:	07/31/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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 53-year-old male who sustained an industrial injury on 12/17/2014 for what the injured worker describes as a full blown panic attack with numbness, rapid breathing, uncontrollable crying and a racing heart. The injured worker was diagnosed with adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included psychological evaluation and testing. According to the treating physician's progress report on January 22, 2015, the injured worker presented for a psychological evaluation. The evaluator as somber described the injured worker but fragile with a tearful affect. His thinking was considered logical and goal directed, with no evidence of tangential thoughts, flight of ideas, loose associations or thought blocking. The injured worker gave no evidence of suicidal, homicidal ideation, paranoia, delusions, obsessions or compulsions. The injured worker was fully oriented without evidence of hallucinations. Insight into his level of illness or need for treatment was fair. Judgment and impulse control were intact. There was no documentation of medications currently being prescribed. The injured worker was introduced to heart rate variability training to induce relaxation. Treatment plan consists of the current request for 6 sessions of Psychotherapy in conjunction with 6 sessions of Psychophysiological Therapy and 4 customized compact discs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy Session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

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 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); The submitted documentation suggests that the injured worker has completed at least three sessions of interpersonal psychotherapy; however, there is no evidence of objective functional improvement with the initial trial based on which the need for further treatment can be determined. In addition, the request for Outpatient Psychotherapy Session does not indicate the number of sessions being requested and thus is not medically necessary at this time.