

Case Number:	CM15-0088981		
Date Assigned:	05/13/2015	Date of Injury:	10/05/2005
Decision Date:	06/17/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/08/2015

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 48 year old male whose date of injury is 10/5/05. He stepped off a curb and broke his right lower leg. He developed anxiety, depression, sleep disorder, nightmares, irritability, anger, social withdrawal, tearfulness, low self-esteem, poor concentration, and forgetfulness. Diagnoses include adjustment disorder with mixed anxiety and depression, insomnia-type sleep disorder due to pain, hypoactive sexual desire disorder due to pain, and psychological factors affecting medical condition. Treatments to date have included individual psychotherapy and Prozac, Ativan, Ambien, and Viagra. He complains of anxiety. The treating physician requested authorization for individual psychotherapy 1 x 6. UR of 04/07/15 indicates that the patient has received 18 psychotherapy sessions to date and the functional improvement shown is that he was less anxious and able to stay in his seat. There was no documentation provided showing current symptom description or evidence or discussion of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT Individual Psychotherapy 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychotherapy recommended for appropriately identified patients during treatment for chronic pain Page(s): 102, Postsurgical Treatment Guidelines.

Decision rationale: Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. ODG Psychotherapy Guidelines: 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. Psychological Treatment, page 102 of 127. There was no current documentation provided to show evidence of the patient having shown objective functional improvement in the now 18 sessions he has received to date. This request is therefore not medically necessary.