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| Case Number: | CM14-0128346 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 11/11/2011 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 40 year old [REDACTED] female who was injured in November of 2011. A QME (qualified medical evaluation) report dated 1/11 of this year recommended 12 psychotherapy sessions as well as antidepressant medications related to issues with persistent pain and depression. A Hamilton Rating Scale (Ham-D) at that time indicated a score of 19, suggesting severe depression and the provider indicated a diagnosis of Adjustment Disorder with mixed Anxiety and Depressed Mood. On 7/22 it appears that the patient was started on Effexor 37.5 mg daily with a plan to increase to BID (2 times per day) after 1 week per her PCP (primary care physician). The provider is requesting coverage for individual psychotherapy sessions for chronic pain. The request has been denied due to lack of medical necessity. This is an independent review for medical necessity for 12 individual psychotherapy sessions for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions for chronic pain and depression #12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments, Page(s): 23.

Decision rationale: There is clear cut evidence that the patient is in need of psychiatric/psychological intervention as evidenced by the elevated score on the Ham-D. However the evaluation took place almost a year ago and the patient's subsequent clinical course is not known. It appears that she has since been started on antidepressant medications with unknown results and while psychotherapy is recommended by the above cited MTUS as well as the clinical scenario as of January of this year, the guideline indicates an Initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. The provider's request for 12 sessions with no time limitations is therefore clearly inconsistent with this evidence based recommendation