MAXIMUS Federal Services

Case Number:	CM14-0130840		
Date Assigned:	08/22/2014	Date of Injury:	09/12/2012
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 California. 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:

Injured worker is a 50 year old male with date of injury 9/12/2012. Date of the UR decision was 7/15/2014. He suffered a lower back injury specifically to L4, L5 due to a work related trauma in which a defective cable caddy created resistance to his usual pulling on the cables. Per Psychiatric AME evaluation dated 1/16/2014, injured worker was diagnosed with depressive disorder NOS and avoidant personality traits on psychological testing. It was documented that he had moderate levels of depression and anxiety but it was not deemed as severe enough to prevent him from his regular work duties. Psychotropic medications were not indicated per that report.Report dated 7/7/2014 listed diagnosis of adjustment disorder with anxiety, depressive disorder NOS and Pain disorder associated with both Psychological factors and general medical condition. It was suggested that he had been suffering with depression and anxiety secondary to the industrial injuries. Six sessions of psychotherapy and biofeedback were recommended by the QME Psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Minute Occasional Psychotherapy Sessions as Needed for Depression and Anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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 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. The guidelines do recommend psychotherapy treatment for management of chronic pain. It had been noted that the UR physician had authorized 60 minute psychotherapy sessions with maximum of two sessions per month for 3 months for depression and anxiety. The request for 60 Minute Occasional Psychotherapy Sessions as Needed for Depression and Anxiety is vague and is not medically necessary.