

Case Number:	CM14-0132379		
Date Assigned:	08/22/2014	Date of Injury:	07/05/1993
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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 63 year old female with date of injury 7/5/1993. Date of the UR decision was 8/1/2014. Injured worker suffers from ain in bilateral knees, hips, shoulders, and cervical and lumbar spine secondary to the industrial injury. Report dated 7/10/2014. She presented with depression secondary to Chronic Pain. She was described as being hopeless, helpless, worried, ruminative and obsessional. She also exhibited insomnia, lack of enjoyment in usually pleasurable activities, decreased libido and loss of appetite. Psychotropic medications included Depakote 500 mg 4 times per day, Remeron 60 mg per day in divided doses, Prilosec 20 mg 3-4 times per day as needed for SSRI side effects and/or reflux and Ambien 10 mg as needed for sleep. HAM-D score per that evaluation was 32. The injured worker was given the diagnosis of Chronic Pain Disorder, Major Depression Disorder, General Anxiety Disorder, Sleep Disorder. It has been documented that she received a psychotherapy session as well on that day. It has been indicated that the injured worker has been undergoing psychotherapy treatment, however the number of sessions received so far have not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown number of additional sessions of psychotherapy with modified cognitive behavioral therapy (CBT) and supportive elements for the treatment of major depression related to bilateral knees, right hip, left shoulder, right ankle, cervical and lumbar spine injury, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Stress/Mental.

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). Upon review of the submitted documentation, it has been suggested that the injured worker has been receiving psychotherapy treatment, however there is no mention of the number of sessions received so far and there has been no mention of "objective functional improvement". Decision for Unknown number of additional sessions of psychotherapy with modified cognitive behavioral therapy (CBT) and supportive elements for the treatment of major depression related to bilateral knees, right hip, left shoulder, right ankle, cervical and lumbar spine injury, as outpatient is not medically necessary.