

Case Number:	CM14-0139867		
Date Assigned:	09/08/2014	Date of Injury:	04/05/2001
Decision Date:	11/13/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 64-year-old male with a date of injury of 04/05/2001. The listed diagnoses per [REDACTED] are: 1. Dysthymic disorder; 2. Chronic pain due to trauma; 3. Pain in the joint involving the lower leg; 4. Degeneration of cervical intervertebral disk; 5. Cervicalgia, neck pain; 6. Spinal stenosis of lumbar spine. According to progress report 07/15/2014, the patient complains of persistent low back and neck pain. The neck pain radiates to the bilateral arms with numbness noted. The patient reports loss of interest in usual activities, anhedonia, sleep disturbances, irritability, appetite disturbance, reduced interest in sexual relations and intermittent sadness. Examination revealed "rather flat affect, but appropriate for content. The patient's mood appeared mildly dysthymic throughout the evaluation." The treating physician states that the patient has mild depression and mild clinical anxiety. He is requesting psychotherapy 12 sessions. Utilization review denied the request on 08/20/2014. Treatment reports from 01/03/2014 through 07/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 12 SESSIONS: 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 Behavioral interventions Page(s): 23.

Decision rationale: This patient presents with dysthymic disorder. The treating physician is requesting 12 sessions of psychotherapy 45 to 50 minutes per session. Utilization review denied the request stating that objective functional progress from prior therapy was not reported. MTUS Guidelines support psychological treatments for chronic pain. For cognitive behavioral therapy, the MTUS Guidelines page 23 recommends an initial trial of 3 to 4 psychotherapy treatments over 2 weeks and additional treatments for a total of 6 to 10 visits with documented functional improvement. In this case, the medical file provided for review does not include prior psychotherapy treatment history. Utilization review indicates that the patient has received psychological treatments in 2012, but the number of sessions received was not reported. In this case, the treating physician's request for 12 additional sessions exceeds what is recommended by MTUS. Furthermore, the treating physician does not provide documentation of functional improvement from prior sessions to consider additional treatment. Recommendation is that the request is not medically necessary.