MAXIMUS Federal Services

Case Number:	CM14-0143604		
Date Assigned:	09/12/2014	Date of Injury:	05/02/1999
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

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 Emergency Medicine and is licensed to practice in New York. 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 47-year-old male who was injured on May 2, 1999. The patient continued to experience pain in low back and left shoulder. Physical examination was notable for pain on deep palpation of the lumbosacral joints, and decreased range of motion of the lumbar spine. Diagnoses included left shoulder impingement, lumbar degenerative disc disease, and S/P rotator cuff tear. Treatment included physical therapy, aqua therapy, epidural steroid injections, medications, and surgery. Request for authorization for psychotherapy to include cognitive behavioral therapy and medical management visits together approximately every 4 weeks for a total of ten visits changed to modification and recommend 3 psychotherapy sessions every 4 weeks after which time the patient's status can be reassess for gain adding 2 more sessions was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy to Include Cognitive Behavioral Therapy and Medication Management Visits Together Approximately Every Four Weeks for a Total of Ten Visits (10); Changed to; Modification and Recommend 3 Psychotherapy Sessions Every 4 Weeks After Which Time the Patient's Status Can Be Reassessed for Gai: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Behavioral interventions

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatmemt, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case the request is for 10 visits. This surpasses the recommended number for the initial trial. The request is not medically necessary.