

Case Number:	CM14-0148281		
Date Assigned:	09/18/2014	Date of Injury:	03/24/2009
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 32-year-old female with a 3/24/09 date of injury. At the time (7/14/14) of request for authorization for Psychotherapy, times 12 sessions, there is documentation of subjective (low back pain radiating to foot with spasms, depression, anxiety, frustration, passive suicidal ideation, and nervousness) and objective (poor hygiene, disheveled manner of dressing, antalgic gait, mood is depressed and pessimistic, and scores in Beck scales fall in Severe ranges) findings, current diagnoses (major depressive disorder, anxiety disorder NOS, and pain disorder associated with both psychological factors and a general medical condition), and treatment to date (medications and biofeedback treatments).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, times 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, anxiety disorder NOS and pain disorder associated with both psychological factors and a general medical condition. However, the requested number of psychotherapy sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Psychotherapy, times 12 sessions is not medically necessary.