

Case Number:	CM14-0163310		
Date Assigned:	10/08/2014	Date of Injury:	04/23/1997
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This case involves a 74 year old male injured worker who sustained an injury on 4/23/1997. He encountered injuries to the cervical spine, left shoulder, left ankle, right shoulder, lumbar spine, bilateral hips and left thumb. Per report dated 7/17/2014, the injured worker developed adjustment disorder with depressed mood due to the orthopedic injuries in 11/2012. Report dated 8/25/2014, indicated that the injured worker was diagnosed with depressive disorder NOS and that he continued to be depressed and anxious. Documentation suggests that he has undergone psychotherapy treatment in the past but details regarding the sessions are not available. The date of the UR decision is 10/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional weeks of individual psychotherapy 1 x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive Therapy for Depression

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. Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends 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 is gathered that the injured worker has had psychotherapy treatment. However, there is no information regarding the number of sessions completed so far or any evidence of "objective functional improvement". The request for additional weeks of individual psychotherapy 1 x 12 sessions exceeds the guidelines recommendation; therefore, is not medically necessary.