

Case Number:	CM14-0029272		
Date Assigned:	06/27/2014	Date of Injury:	09/28/2010
Decision Date:	10/28/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/07/2014

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 Illinois and Wisconsin. 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 63 year old female who sustained an injury on 9/28/2010. The patient reported chronic pain in the neck radiating to the right arm. She has been on ibuprofen and Elavil. It appears that she recently completed an intensive functional restoration program and her status was considered as permanent and stationary. Apparently she saw a psychiatrist who did not recommend CBT. The results of the psychiatric evaluation are not available to this reviewer. The provider has requested coverage for a pain psychology evaluation and pain psychotherapy weekly times six weeks. The request has been modified to coverage for the evaluation only. This is an independent review of the previous decision to deny coverage for 6 weekly pain psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychotherapy 1 time per week for 6 weeks QTY:6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments.

Decision rationale: The above indicate an initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of improvement. The request for 6 sessions clearly exceeds this parameter. The previous reviewer left the door open for psychotherapy (which is recommended by the above cited guidelines) depending on the results of the authorized evaluation. However the data reviewed do not support the requested 6 sessions as consistent with the evidence based State of California MTUS and as such the request should be considered as not medically necessary.