

Case Number:	CM14-0097303		
Date Assigned:	09/16/2014	Date of Injury:	05/14/1998
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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:

Injured worker is a 52 year old male with date of injury 5/14/1998. Date of the UR decision was 6/16/2014. Report dated 6/16/2014 listed subjective complaints of moderate to severe back pain and difficulty with day to day activities. Physical examination revealed that the injured worker had difficulty walking, changing position and getting onto the examining table. His motion was restricted and caused painful symptoms and guarding with motion. Muscle spasm was present on examination and gait was antalgic. He was prescribed Norco 10/325 mg three times daily for pain, Norflex 100 mg twice daily for spasms and Lynca 75 mg twice daily for neuropathic pain. Psychotherapy progress report dated 1/20/2014 indicated that he had increased depression. He was taking Cymbalta 120 mg in the morning, Neurontin 600 mg twice daily, Depakote 200 mg twice daily, Ativan 2 mg twice daily, Trazodone 150-300 mg nightly as needed. It was suggested that the therapy was to be continued monthly. The injured worker was diagnosed with Major Depressive Disorder, recurrent, and severe without psychotic features (296.33).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): Pages 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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 sessions; however, there is no mention of the number of sessions completed so far or any objective functional improvement with the treatment. Therefore, the request for 12 Psychotherapy Visits is not medically necessary.