

Case Number:	CM14-0112548		
Date Assigned:	08/04/2014	Date of Injury:	03/12/1993
Decision Date:	05/01/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 61-year-old female, who sustained an industrial injury on March 12, 1993. The injured worker was diagnosed as having depression. Treatment to date has included psychotherapy, antidepressant and anti-anxiety medications, and medication management. On June 4, 2014, her treating physician reports the injured worker's pain remains severe that is not completely relieved at the best of pain control. She is able to walk in house a little, but not in the office or hallway due to the hallways length, the pain involved, and the risk of falling. Her mood has been fair since the last visit. She is forgetful at times and writes short list to help to organize her thoughts and movements in the house. The physical exam revealed she was cooperative with good eye contact and normal psychomotor activity. Her mood was normal and her affect was mood congruent. Her thought process was goal directed, organized, logical, and linear. There was normal thought content that was future oriented. Her insight/judgment was good. Her recent and remote memory was intact. Attention/concentration was intact. Language naming, repeating phrase and abstraction were intact. Her fund of knowledge was excellent. The treatment plan includes continuing medication management and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy twice a month X 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: According to ODG guidelines, psychotherapy is recommended. Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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). The patient was diagnosed with anxiety and major depression, which are risk factors for delaying her recovery. The patient has been receiving psychotherapy for an unspecified time. However, there is no documentation on the treatment goals, progress, and functional improvement. The prescription of 24 sessions of psychotherapy is not necessary without documentation of pain and functional benefit. Therefore, the request for Psychotherapy twice a month X 12 months is not medically necessary.

Office Visits biweekly X 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention
Page(s): s 171 and 32-33.

Decision rationale: Since psychotherapy sessions were not certified, the office visits biweekly x12 mos. are not medically necessary.