

Case Number:	CM14-0165861		
Date Assigned:	10/10/2014	Date of Injury:	11/19/2009
Decision Date:	02/13/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/08/2014

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 58 year old female with date of injury 11/19/2009. Date of the UR decision was 9/4/2014. Per report dated 11/19/2014, the injured worker presented with escalating levels of pain in her foot. Her gait was slow and antalgic and she was relying on a single-point cane for ambulation. She was being prescribed Methadone 5mg three times daily, Norco 10/325mg every day as needed, Topamax 50 mg nightly, Viibryd 40 mg daily, Restoril 30mg nightly and Xanax 0.5 mg one to two tablets per day. She was diagnosed with right lower extremity complex regional pain syndrome. Treatment so far has included sympathetic block, platelet rich plasma injection, physical therapy, medication treatment, functional restoration program with benefit, psychological treatment. She has been given diagnosis of Major Depressive Disorder and Anxiety Disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, additional 16 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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 and 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. 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 undergone psychotherapy treatment. However, there is no clear information available regarding the number of sessions completed so far or any evidence of objective functional improvement. Thus, the request for Psychotherapy, additional 16 visits is not medically necessary at this time.