

Case Number:	CM14-0212667		
Date Assigned:	12/30/2014	Date of Injury:	12/03/2003
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/18/2014

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed include 69 pages of medical and administrative records. The injured worker is a 63 year old female whose date of injury is 12/03/2003. Her diagnosis is major depressive disorder with chronic pain. On 10/07/14 four outpatient psychotherapy sessions were certified through 12/15/14. A report of 10/27/14 from [REDACTED] shows the diagnosis of c-spine sprain/strain with radicular complaints, status post anterior c-spine fusion with postoperative dysphasia, right elbow cubital tunnel syndrome status post transportation, status post bilateral carpal tunnel release, status post revision of right carpal tunnel release, status post bilateral trigger thumb release, bilateral knee sprain/strain, status post right knee arthroscopy, and fibromyalgia. On 11/10/14 [REDACTED] indicated that she continues to have intense headaches and pain in her hands, back, legs and neck, and that she struggled to maintain her work duties with restrictions despite ongoing global pain, fatigue, depression, and anxiety symptoms. She has been treated with outpatient psychotherapy and has applied skills learned at work. She fears that she will not be able to keep up with job demands. The requested additional five twice per month outpatient psychotherapy sessions through 01/15/2015 are to assist her to continue to address her anxiety, depression, and pain management skills. On 11/17/14 an additional two outpatient psychotherapy sessions were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy, twice monthly through 01/31/2015; 5 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT)

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

Decision rationale: The patient suffers from major depressive disorder as well as multiple orthopedic conditions with chronic pain. She is employed but is concerned that she will be unable to keep up with job demands despite her capability of applying skills learned in psychotherapy on the job. She received four outpatient psychotherapy sessions certified through 12/15/14. An additional two sessions were certified, taking her through January 2015. Per MTUS, CBT and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Per ODG, up to 13-20 visits over 7-20 weeks of individual sessions if progress is being made. No further documentation was provided to show objective functional improvement, e.g. Beck Anxiety/Depression Inventories. This request is therefore noncertified. Chronic Pain Medical Treatment Guidelines Psychological Treatment Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. ODG Psychotherapy Guidelines:- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made.