

Case Number:	CM14-0214935		
Date Assigned:	01/07/2015	Date of Injury:	09/05/2006
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old woman with a date of injury of 9/5/06 and a high pressure/air water injection injury. She was seen by her primary treating physician on 10/6/14. She reported she 'sleeps okay until early in the morning then starts waking up. This makes her tired during the day and she was taking only Elavil 25mg at night'. Her mood was described as 'somewhat anxious'. Her affect was 'bright but tired'. She had no suicidal ideation and her concentration was fair. Her diagnoses were pain disorder associated with psych factors and post-traumatic stress disorder, improved. The plan was to increase the Elavil to 50mg at night. She used 6/6 authorized visits and the request was for six more visits. At issue in this review is the request for 6 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Cognitive behavioral therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40-41, 88.

Decision rationale: This injured worker has chronic pain after an injury sustained in 2006. Per the guidelines, psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The physician indicated that the worker had pain disorder associated with psych factors and improved post-traumatic stress disorder. The records do not document that the physician explored these symptoms or severity of these symptoms in any detail with the worker or provided any cognitive or psychiatric evaluation to justify the potential diagnoses. She had received 6 psychological visits but the details are not documented. The primary care physician can treat the symptoms first prior to referral to a psychologist or psychiatrist. The records do not justify the medical necessity for 6 sessions of psychotherapy.