

Case Number:	CM15-0017669		
Date Assigned:	02/05/2015	Date of Injury:	03/14/2007
Decision Date:	03/20/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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
 Certification(s)/Specialty: Psychologist

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 46 year old female, who sustained an industrial injury on 03/14/2007. The diagnoses have included bilateral carpal tunnel, bilateral shoulder joint pain, left knee joint pain, and left ankle joint pain. Treatments to date have included-H-wave treatments, left knee arthroscopy, physical therapy, and medications. Diagnostics to date have included left knee MRI on 09/24/2012 which showed free edge fraying in the medial and lateral meniscus. Left ankle MRI showed small joint effusion and some tendinopathy. Right wrist MRI on 05/09/2008 showed a small joint effusion. In a progress note dated 12/29/2014, the injured worker presented with complaints of left hip and knee pain. The treating physician reported a significant psychological overlay present in the injured worker with failure of treatment modalities in the past. Utilization Review determination on 01/20/2015 non-certified the request for 60 minute sessions of Psychotherapy as needed citing Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 minutes session of psychotherapy as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines- Psychotherapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, February 2015 update

Decision rationale: Citation: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. A request was made for "60 minute session of psychotherapy as needed." The quantity of sessions requested was not specifically stated but it appears to be for (1) session. This request was originally made in conjunction with a request for 3 sessions of psychotherapy and 3 sessions of biofeedback both of which were approved while this request for "60 minute session of psychotherapy as needed" was not. The medical necessity of this request was not clearly established by the documentation provided for consideration. The Official disability guidelines for psychological treatment suggested a course of treatment consists of 13 to 20 sessions maximum for most patients with documentation of patient benefit. This patient has already apparently received more than that maximum recommendation and although an allowance for extended treatment up to 50 sessions can be allowed in certain cases of severe major depression or PTSD it appears likely, given that the patient has been receiving treatment for a number of years, that she has already exceeded that as well. Because the request appears to exceed the recommendations for quantity and duration, and appears redundant in the context of having 3 sessions of psychological treatment and biofeedback approved, the medical necessity of this request was not established. Therefore the utilization review determination for non-certification is upheld.