

Case Number:	CM15-0115966		
Date Assigned:	06/24/2015	Date of Injury:	07/16/2010
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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:

This 59 year old female sustained an industrial injury via continuous trauma to the neck, back, shoulders, elbows and wrists between January 2010 and 10/29/10. Previous treatment included physical therapy, chiropractic therapy, muscle stimulation, psychiatric care and medications. In a psychiatric qualified medical reevaluation dated 3/21/15, the injured worker complained of ongoing neck pain with radiation down the left arm, rated 6-7/10 on the visual analog scale. The injured worker reported having intermittent symptoms of depression and anxiety since the injury. The injured worker described having feelings of worthlessness, decreased concentration and worsened level of irritability as well as increased appetite, normal energy and normal motivation. The injured worker was diagnosed with adjustment disorder with chronic mixed anxiety and depressed mood. The treatment plan included biweekly individual psychotherapy and monthly sessions with a psychiatrist for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy quantity 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): (s) 23, 100-102.

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 suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Individual Psychotherapy quantity 12 visits exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.