

Case Number:	CM15-0120685		
Date Assigned:	07/01/2015	Date of Injury:	05/13/1993
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Family Practice

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 47 year old male, who sustained an industrial injury on 05/13/1993. The injured worker reported low back injury as the result of lifting and twisting a carpet. He was noted to have a blood clot and his 7th spinal surgery is scheduled. On provider visit dated the injured worker has reported being discouraged and active suicidal ideation but has remained safe with safety contracts. On examination of the injured worker was noted to have high levels of anxiety, difficulty thinking and taking ownership of positive aspect of his life. The diagnoses have included depressive disorder NOS and rule out somatization disorder. Treatment to date has included psychotherapy and medication. The provider requested 10 Individual psychotherapy sessions (1 per week).

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Individual psychotherapy sessions (1 per week): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. Behavioral Therapy 2. Psychological Therapy Page(s): 23, 101-102.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of behavioral/psychological therapy as an adjunct to the treatment of chronic pain. Included in the MTUS guidelines are the following Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen 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 a 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). For psychological therapy, the MTUS guidelines state the following steps should occur: 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. In this case, the records indicate that the patient has already received approximately 25 individual psychological counseling sessions. There is insufficient documentation that there has been an assessment of goals and evidence of objective functional improvement from these prior sessions. Given the lack of documented goals, the number of prior sessions accomplished and the lack of documented functional improvement an additional 10 individual psychotherapy sessions (1 per week) is not medically necessary.