

Case Number:	CM15-0126807		
Date Assigned:	07/13/2015	Date of Injury:	11/26/1996
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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 (IW) is a 37-year-old female who sustained an industrial injury on 11/26/1996. Diagnoses include major depressive disorder, recurrent episode, moderate, without agoraphobia and rule out dissociative disorder unspecified. Treatment to date has included medications, psychotropic medication management and psychological therapy. According to the progress notes dated 6/2/15, the IW reported no change in her symptoms of anxiety or the frequency of irritability episodes. She continued to report restlessness, sleep disturbance due to anxiety, depression, sadness and excessive fatigue. She also expressed feelings of hopelessness. On examination, her mood was neither depressed nor elevated. Speech was normal. She denied hallucinations and suicidal ideas or intentions. Her thinking was logical and thought content was appropriate. Her memory was intact and she was oriented to time, place and person. There were no signs of anxiety, her attention span was normal and she exhibited no signs of hyperactivity. A request was made for psychiatrist follow up, six visits and psychotherapy, six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist follow up, six visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Page(s): 19 - 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The MTUS/ACOEM Guidelines comment on follow-up visits for stress related conditions. These guidelines state the following: Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased or full duty) or at least once a week if the patient is missing work. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of psychological treatment. These guidelines state the following: 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 have been found to be particularly effective. Psychological treatment 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. In this case the medical records available for review from the psychiatrist do not provide sufficient documentation to justify ongoing follow-up. Specifically, there is no current evidence that a change in duty status is anticipated. Further, there is no documentation that describes an assessment of goals and further treatment options. Finally, there is insufficient documentation that there have been any objective outcomes documented, in terms of the patient's chronic pain, despite long-term treatment. Given the insufficient documentation, there is no current justification for six psychotherapy follow-up visits. Therefore the request is not medically necessary.

Psychotherapy, six visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Page(s): 19 - 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of behavioral interventions, including psychotherapy. These guidelines have established recommendations for the initial trial and follow-up. Specifically, they state the following: An 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). In this case the records indicate that the patient has had an undefined number of psychotherapy visits. There is insufficient evidence that there has been any objective functional improvement from the visits the patient has attended to date. Given the lack of documentation of objective functional improvement, there is no justification for the continued use of psychotherapy. Six psychotherapy visits is not medically necessary.