

Case Number:	CM15-0061853		
Date Assigned:	04/07/2015	Date of Injury:	01/27/2006
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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:

The injured worker (IW) is a 53-year-old male who sustained an industrial injury on 01/27/2006. Diagnoses include abdominal pain, unspecified site; neuralgia, neuritis and radiculitis not otherwise specified and encounter for long-term use of other medications. Treatment to date has included medications, psychotherapy and spinal cord stimulator. Diagnostics performed to date included x-rays. According to the progress notes dated 3/9/15, the IW reported his pain is improved with the use of his neurostimulator, his abdominal pain is alleviated by his opioid and adjuvant medications and his depression symptoms are relieved by his antidepressant medications, but is frustrated due to continued pain. A request was made for six additional psychotherapy sessions to improve the non-medical aspects of the IW's chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy Sessions, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(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 has had psychotherapy treatment, however there is no clear documentation of the number of sessions completed and there is no mention of "objective functional improvement". Thus the request for Additional Psychotherapy Sessions, quantity 6 is excessive and not medically necessary based on the lack of documentation regarding past treatment.