

Case Number:	CM13-0056126		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2012
Decision Date:	06/17/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has submitted a claim for right lower leg crush injury associated with an industrial injury date of October 8, 2012. Treatment to date has included oral and topical analgesics, TENS, acupuncture and physical therapy. Utilization review dated November 13, 2013 denied the request for psychotherapy 2xWk x 6Wk because the indication and functional goals to be achieved were not specified. Also, it exceeds the number of visits recommended by the guidelines. Medical records from 2013 were reviewed and showed right lower leg crush injury with neuropathic pain exacerbated by activities. Physical examination showed tenderness over the right distal anterior and posterior tibia with right posterior calf atrophy and limitation of motion. There were no motor or sensory deficits noted. A progress report in November 18, 2013 appealed to the denial of cognitive behavioral therapy, stating that the patient is depressed due to chronic pain and would benefit from the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101.

Decision rationale: As stated in page 101 of CA MTUS Chronic Pain Medical Treatment Guidelines, psychological therapy is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes addressing comorbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial psychotherapy of 3-4 visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) is the recommendation. In this case, a progress report in November 18, 2013 appealed to the denial of cognitive behavioral therapy stating that the patient is depressed due to chronic pain and would benefit from the treatment. However, documents submitted did not provide objective evidence of depression and functional goals to be achieved were not specified. Furthermore, the present request of 12 sessions exceeds the recommendation of 3-4 visits of initial psychotherapy. Therefore, the request for psychotherapy sessions 2 times per week for 6 weeks is not medically necessary.