

Case Number:	CM14-0173079		
Date Assigned:	10/23/2014	Date of Injury:	05/24/2007
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/20/2014

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 Psychologist and is licensed to practice in Texas. 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 injured worker is a 43-year-old male who reported an injury on 05/24/2007. On 02/28/2014, the injured worker presented with pain and depression. He has been maintained on a large number of medications. The injured worker was administered an MMPI- 2, the Wahler Physical Symptoms Inventory, The BECK Depression Inventory, the Impact Events Scale, The State-Trait Anxiety Inventory, The State-Trait Anger Inventory, and The Rosenberg Self-Esteem Scale. The MMPI suggested "a fake bad profile", representing a plea for help but it was invalid because of exaggeration. The Wahler Physical Symptoms Inventory score was in the ninth decile. The injured worker had a BECK Depression Inventory score of 51, Impact of Events Scale Avoidance score of 29 and Intrusion score of 33, and a State-Trait Anxiety Inventory score of 79T and Trait score of 92T. The provider noted that the injured worker needed a comprehensive and integrated treatment via psychiatric physician. There is no information on whether this is being provided or not. The provider recommended 6 sessions of psychotherapy in the plan of care. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for 6 sessions of psychotherapy is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress in physical medicine alone. An initial trial of 2 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. An adequate and complete psychological assessment was performed and demonstrated deficits that needed psychological intervention. However, as the provider noted there is no information on if psychological treatment has already been sought and the efficacies of those treatments were not provided. Additionally, the provider's request for 6 sessions of psychotherapy exceeds the guideline recommendations. As such, the request is not medically necessary.