

Case Number:	CM13-0001968		
Date Assigned:	11/08/2013	Date of Injury:	04/23/2003
Decision Date:	10/31/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/18/2013

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, has a subspecialty in Health Psychology and pain management 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:

According to the records that were provided for this independent review, this patient is a 53 year old male who reported an industrial/occupational work-related continuous trauma injury on April 23, 2003. The injury occurred as part of his normal duties for [REDACTED] as a heavy equipment operator. Additional details regarding the nature of the injury were not provided although it does appear that the injury is to his left arm and that the amputation of his right probably occurred as a separate injury; but this is unclear as well due to insufficient documentation. Medically, the patient's diagnoses include above elbow right amputation, cervical strain with radiculopathy to the left shoulder, elbow, and wrist; and multiple other areas of body pain. Psychologically, the patient is diagnosed with depression, anxiety, PTSD, and chronic pain. Patient has a significant pre-injury history of psychiatric struggles. A psychiatric progress note from June 2013 mentions that the patient is still struggling with anxiety, irritability, agitation periodically and that he is been seeing his therapist for cognitive behavioral therapy x2 weekly for a number of years. A two-week benzodiazepine detoxification program was completed but was deemed insufficient to resolve that issue. A request was made for continued psychotherapy two times per week and was denied. This independent review will address a request to overturn the denial decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY TIMES 2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Psychological Treatment Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is 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 functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient, information regarding his prior psychological treatment was insufficient; I was only able to find two, difficult to read hand written, progress notes that were nearly a year old and of limited content. Missing are clear details of the patient's exact psychological diagnoses, his response to prior treatment sessions (esp any functional improvement or progress, an ongoing treatment plan, the total number of sessions the patient has had to date, rationale and justification for the need for therapy to be held twice a week as opposed to once a week (or even less frequent after several years of 2x a week). Although there is evidence that additional psychological care might be needed, there is not enough current and detailed psychological-related documentation regarding his current psychological status and past treatment to overturn the non-certification decision. According to the ODG treatment guidelines psychotherapy (see June 2014 update) patients with Severe Major Depression Disorder can be offered up to 50 sessions, if progress is being made. That progress must be well documented: In this case there is no documentation regarding progress. This request "for psychotherapy to be held twice a week" does not provide any specification of how many sessions or for how long a period of time. Open-ended requests can not be approved. For these reasons the request is not medically necessary and appropriate.