

Case Number:	CM13-0031614		
Date Assigned:	12/11/2013	Date of Injury:	04/28/2008
Decision Date:	06/16/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Board Certified in Psychologist 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:

This patient is a 48 year old female who states that on April 28, 2008 she was physically and psychologically injured while employed at [REDACTED]; she reported being assaulted by an intoxicated customer whom she had previously to management for engaging in fraudulent activity. During this altercation her right wrist was grabbed and her arm pulled behind her, she reports verbal abuse, fear and severe problems with her coworkers. She reported feeling terrorized and fearful that he was dangerous and would harm her outside of the work setting. Medically she has been given several conflicting diagnosis the most recent dated 9/2013 show right wrist synovitis and probable TFCC tear, right carpal tunnel and right lateral epicondylitis. Over the subsequent 5 year period she has had extensive conservative physical treatments including chiropractic, steroid injections, orthopedic, occupational, electro-stimulation and use of OTC medications. Her psychological symptoms include severe depression and moderate anxiety, insomnia and a very high level of sustained overall distress with diminished quality of life. There is mention of being prescribed Zoloft and other unspecified antidepressant medications with poor results and she is currently on no psychiatric medication. A diagnosis of PTSD was ruled out in favor of Depressive Disorder which by September 2012 this was changed to an Adjustment Disorder with mixed emotional features of depression and anxiety. In October 2013 an Axis II diagnosis was added of histrionic passive-dependent personality features. No specific psychological treatment records from 4-28-2008 to 10/10/12 were provided for this report although several comprehensive psychological reports were provided for this time period which mention at least one period of intensive psychological treatment for an unspecified time. Between 10/10/2012 and 9/19/2013 she received an estimated 40 individual psychotherapy sessions with two different therapist interns under the supervision of [REDACTED]. The patient discontinued this treatment in September 2013 stating that she was no longer being

reimbursed for the full mileage to get to her appointments. At that time she reported decreased depressive symptoms, decreased anxiety, no more panic attacks, less anger and improved coping, and a more positive outlook on her condition if she continues to use the relaxation tools for she learned. Continued problems pain and right wrist numbness and psychological issues with crying, poor sleep, social isolation and moderate depression were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: 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 2 Pain intervention Treatments, Behavioral Interventions. Page(s): 23.

Decision rationale: A careful and detailed review of all of the included all medical records provided shows a lengthy course of physical and psychological treatments to date. The specific form and content of her psychological treatment from 4/28/08 to 10/10/12 were not supplied she was engaged in several brief efforts at psychological treatment including working with three 3 different psychiatrists and at least one course of 6 sessions of cognitive behavioral therapy; these efforts were viewed by the patient as largely unsuccessful. However between 10/10/12 and 9/19/2013 she received at least 40 therapy sessions and according the final comprehensive psychological treatment report dated 10/29/13 she was discharged as permanent and stationary as well as in an improved condition. The request for additional psychological treatment is determined to be not medically necessary because a request for additional information was not received that documents the total number of sessions provided to date and a rational/explanation of how additional therapy would contribute to further objectively measured increases in functional capacity. The official disability guidelines suggest psychological treatment duration between 13-20 total visits, with a possible additional 10 visits if needed. This patient has received at least 40 sessions. In addition she decided to discontinue her treatment on her own due to transportation costs and was determined to be in an improved psychological status. The case for continuing treatment 5 years and exceeding 46 sessions after the original date was not supported by any of the materials provided for this review. Therefore the request is not medically necessary.