

Case Number:	CM13-0035258		
Date Assigned:	12/13/2013	Date of Injury:	06/01/2001
Decision Date:	03/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical 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 physician 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 63 year old female who has been diagnosed with fibromyalgia in October 2003 and has a date of injury reported as June 1, 2001 cumulative trauma injury due to repetitive work resulting in upper extremity pain and back pain. She also has a diagnosis of depression due to chronic pain condition, probably mild carpal tunnel and total body somatic complaints. The past treatments according to her medical records include conservative medical care, acupuncture, pain management, medications, pool therapy, psychotherapy and exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 cognitive behavioral psychotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23. Decision based on Non-MTUS Citation American Psychiatric Association Practice Guideline.

Decision rationale: The records show a women suffering from a pain condition and subsequently having a moderate degree of depression. There a numerous psychological reports

stating that her mood is improved or improving, and that her mood is "very positive". There are more recent notes that suggest her mood has deteriorated and shows signs of moderate depression such as poor sleep, increased appetite, low energy, social withdrawal, anxiety and anger and suicidal ideation but no plan or intention as might be seen with someone with more severe depressive disorder. It is very unclear exactly how many prior sessions of psychotherapy she has already had since her 2001 injury, what kinds of therapy was provided, what was being treated and how effective was it for her. What is provided is that there have already been a recent significant course of therapy provided and at this juncture over 12 years following her injury, a course of maintenance therapy would likely accomplish the same goal at a stepped down frequency of 1x a month to prevent relapse as weekly therapy. The case that weekly individual therapy is medically necessary has not been made and it is unclear why general psychotherapy is indicated over cognitive behavioral therapy specific for pain management. The non-certification status is upheld.