MAXIMUS Federal Services

Case Number:	CM13-0035690		
Date Assigned:	12/13/2013	Date of Injury:	01/25/2012
Decision Date:	09/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/17/2013

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 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:

According to the records that were provided for this independent medical review, this patient is a 52-year-old female who reported a work-related injury on January 25, 2012 that occurred during her normal work duties as a waitress for [redacted] restaurant. The injury occurred while she was reaching for a heavy 10 pound large tub of butter when one fell on top of her striking her on her right shoulder causing her to lose balance at which point she fell backwards and struck the back of her neck and low back against the shelves that were behind her, she did not actually fall. She sustained injury to her lumbar spine, her neck, shoulder, and is status post cervical fusion February 2013. There is pain in multiple areas of her body including severe low back pain that radiates into her leg, and neck pain with radiation into the arm. Although the surgery helped reduce her neck pain, the low back pain remains at a very severe level. Patient has been diagnosed with Major Depression, and report symptoms of depression, sleep disturbance, and decreased appetite.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY 1X PER WK X 12WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: I carefully reviewed all of the medical records as are provided to me for this independent review. The records consisted of approximately 71 pages. Unfortunately the records contain virtually no information with regards to this patient psychological. There was only one mention of her depression and that was contained within the original utilization review report there was no mention of the patient's symptomology and the impact of it on her daily functioning. It does appear to me that the patient may be in need of psychological intervention. However the psychological intervention must be documented in a manner that supports the treatment is being medically necessary. In this case that was not done. A request was made for 12 sessions of psychotherapy, according to the MTUS and ODG guidelines an initial treatment trial must be conducted that consists of either 3-4 sessions according to the MTUS or 6 sessions according to the ODG, the request for 12 sessions with at the outset of treatment bypasses this requirement and therefore is not in accordance with the treatment guidelines. The utilization review rationale for non-certification was not provided but there was a modification that allowed for four sessions. Medical necessity has not been established for this treatment. This is not to say that medical necessity is not present, given that the patient has already undergone cervical fusion for her neck and is considering a second surgery for her back, and the prolonged nature of her chronic pain, and a brief mention of depression and poor sleep, she met may quite well be a good candidate for treatment. After the initial block of four sessions that has been authorized is complete, it will be imperative that if additional sessions are deemed by her treating psychologist to be medically necessary that accurate documentation of her symptomology, but more importantly documentation of objective functional improvements that were derived from the brief trial of four sessions must be included in any treatment request. According to the ODG guidelines patients may have 13-20 sessions, and in cases of severe depression and/or PTSD and complicated cases of psychopathology additional sessions up to 50 may be offered if progress is being made. Such as, Individual Psychotherapy 1x per wk x 12wks is not medically necessary.