

Case Number:	CM13-0036026		
Date Assigned:	12/13/2013	Date of Injury:	09/10/2010
Decision Date:	10/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/18/2013

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, 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 provided for this independent medical review, this 56-year-old female patient reported an industrial/occupational injury that occurred on September 10, 2010. The injury reportedly occurred during her normal work duties for the [REDACTED] when she exiting the medication room and was about to open the door when her right wrist was hit with the door. Sustained injury to her hand, wrist, and arm. She is status post right carpal tunnel release and triangular fibrocartilage complex July 2011 residual partial ligament tear. She returned to work following surgery continued to have in pain and an additional right wrist surgery was recommended. She has continued to report chronic pain. This IMR will focus on issues related to her psyche. She was diagnosed with: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic with Panic Symptoms; Insomnia Type Sleep Disorder Due To Pain; Psychological Factors Affecting Medical Condition and Pain Disorder Associated with Psychiatric Condition. A psychological evaluation dated May 2013 was reviewed. The report stated that she remains depressed and anxious because of persistent pain, physical limitations, and a stressful/hostile work environment but denies suicidal ideation. The quality of your sleep remains poor. She is noted to feel angry and irritable, socially withdrawn, and lacking in self-confidence and self-esteem. There is diminished libido, difficulty concentrating, difficulty remembering and focusing attention, coping resources are described as the pleaded, and she is having difficulty handling routine stressors and transitions. Based on this evaluation for diagnostic profile was changed to: Major Depressive Disorder, Single Episode, Moderate; Insomnia Type Sleep Disorder Due To Pain; Psychological Factors Affecting Medical Condition (depression and anxiety aggravating hypertension, shortness of breath, rapid heartbeat, headaches, stomach/abdominal pain). Repeated Beck inventories suggest that her level of depression decreased from moderate-severe downward to mild, and that anxiety levels decreased

from severe to mild. There is a notation of: "a pre-existing nonindustrial sensitivity that contributes to the causation of the applicants injury." She does not appear to have any psychological treatment prior to June 2013 related to this particular injury, but there has been prior psychological treatment related to other issues in the past. There is mention of fire work injury stress claim. Regarding recent psychological treatment, the number of total sessions the patient has had to date was not provided. A treatment plan was noted to include medication, biofeedback therapy, telephone consults, and related psychiatric and social services to treat her symptoms. Specific treatment goals were not provided, specific results in terms of objective functional improvements prior sessions is not provided, progress notes detailing the patient's work in therapy were not provided either. Progress notes were provided that describe patient do reflect her psychological symptoms and issues that she is struggling with. A request was made for weekly psychotherapy treatment, 20 weekly sessions; the request was non-certified, utilization review department offered a modification of 6 treatment sessions. This IMR request to overturn the utilization review decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT, TWENTY (20) WEEKLY SESSIONS.:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter,

Decision rationale: According to the CA-MTUS guidelines psychological treatment is recommended for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles, addressing psychological and cognitive function, and addressing comorbid mood disorders (such as depression anxiety panic disorder and posttraumatic stress disorder). Medical records provided for this IMR were carefully reviewed and there was very little documentation of prior psychological treatment sessions provided. The total number of sessions received to date has not been provided. There was an indication mentioned in the original utilization review rationale for non-certification that some sessions were authorized but the number is not specified. With regards to the sessions there are progress notes that were provided that do specify that the patient has psychological symptomology, however her specific response to the treatments that were provided, and the details of the exact nature of the treatments that were provided, was not included. According to the official disability guidelines for psychotherapy patients may have 13-20 sessions maximum if progress is being made based on a brief initial treatment; that usually consists of 3 to 4 sessions (MTUS). The purpose of this initial treatment is to determine whether or not the patient is responding with objective functional improvements that additional sessions. The issuance of additional sessions is contingent on objective functional improvements and not

only psychological symptomology. There was indication that according to Beck inventory scores the levels of depression and anxiety did decrease over a period of time, however it is not clear what the cause of this decrease was and it could be attributable to a number of different factors. In addition objective functional improvement is defined as an increase in activities of daily living, a decrease in work restrictions, and a decrease in dependence on future medical care. Because there was no documentation of objective functional improvements, and because the requested quantity of sessions (20) reflects the maximum recommended for most patients without accounting for prior sessions, additional treatment is not found to be medically necessary based upon the documentation that was provided and the request to overturn the utilization review is not approved.