

Case Number:	CM13-0044436		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2004
Decision Date:	04/10/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 review, this patient is a 61 year old female who reported a work related injury on November 5th 2004. The injury reportedly occurred during her normal work duties for Cambridge as a file clerk which required her to pick up and open mail, distribute mail, delivering files to different departments and other activities, all of which necessitated constant standing, walking, bending, pushing, pulling, lifting, and repetitive use of her hands. According to the patient she was standing on a stool to perform duties when she lost her balance, fell backwards and struck her right shoulder on a steel bar that was behind her, she fell to the ground and develop pain in her neck, low back, and right shoulder. Psychologically she has been diagnosed with Adjustment Disorder with mixed anxiety and depressed mood, and Psychological factors affecting a medical condition. There is also a diagnosis of Major Depressive Disorder, single episode. She reports insomnia due to her pain and she is s/p spinal disc fusion surgery (non-industrial). She remains anxious and worried about her medical condition and fearful of falling again due to unsteady gait, as well as panic about her disability. In general she has irritability and anger although this is diminished somewhat. There is documentation that with psychotherapy she has had an improvement in her concentration, memory, self-esteem, and libido; but she still feels discouraged about limited access to medical treatments and reports she has very little to no happiness in her life.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY ONCE A WEEK FOR 20 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIOR INTERVENTIONS, COGNITIVE BEHAVIORAL THERAPY, Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL/STRESS CHAPTER: TOPIC PSYCHOTHERAPY

Decision rationale: I carefully reviewed all the medical files provided for this independent medical review request to overturn the non-certification of treatment of psychotherapy 1x a week for 20 weeks. The employee has already had 23 sessions, or more, of individual psychotherapy for treatment of depression and adjustment disorder with mixed features of anxiety and depression. The MTUS guidelines regarding individual cognitive behavioral therapy for chronic pain are that an initial trial of 3 to 4 CBT sessions over 2 weeks can be authorized and that with documented objective functional improvement additional sessions for a total of 6 to 10 can be approved. The request for 20 sessions is double that amount and because the employee has already had at least 23, that would be a total for 43 sessions or more. Even using the more generous guidelines provided by the Official Disability Guidelines for psychotherapy (initial 6 visits in 6 weeks with documented functional improvement up to a total of 13 to 20 sessions could be offered, which again if given 20 more sessions would be double the stated maximum. While it is clear that the employee by self-report is still suffering both pain and psychologically, and there is some documentation of mild functional improvement, the request for continued treatment cannot be authorized as the employee has already had the maximum allowed.