

Case Number:	CM13-0062943		
Date Assigned:	03/03/2014	Date of Injury:	10/16/2010
Decision Date:	05/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 patient is a 50 year old female who reported an industrial/occupational related injury on October 16, 2010. Her reported injury involves cumulative trauma from her work at [REDACTED] where she worked as a janitor which required her to engaging repetitive twisting, carrying, bending, lifting of items up to 75 pounds, sweeping and general cleaning duties. She complains of right shoulder pain, lower back pain, lumbar spine problems as well bilateral feet and wrist pain. There are several mentions of carpal tunnel syndrome. She reports experiencing constant neck pain radiating down to her upper back between the shoulder blades and constant bilateral shoulder pain. There are multiple areas of chronic pain that interfere with her ability to perform personal hygienic activities as well as interfering with her ability to drive, engage in physical activities. She has been diagnosed with Adjustment Disorder due to chronic pain with Mixed Emotional features of anxiety and depression and on Axis II: Developmental and Personal factors. She reports depression, anxiety, panic attacks, hopeless, stressed crying alone or feeling like it, changes in her appetite with weight gain difficulty sleeping feeling constantly tired, insomnia and headaches. There have been 3 overdoses-suicide attempts most recently in November of 2011. She has been prescribed at various times Topamax, Wellbutrin, Sonata and Prozac but did/does not take any of them consistently. A comprehensive Psychological diagnostic evaluation provided a different diagnosis of Depressive Disorder, NOS, with anxiety. H/o of poly-substance dependence several issues on Axis II were mentioned. A request for outpatient psychotherapy, once per month, for six to nine sessions was made and was not approved as requested but modified for her to receive 6 sessions instead of six to nine sessions. This independent medical review will address a request to overturn that denial and authorize the complete six to nine sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 6-9 VISITS: 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 Behavioral Interventions Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: Nearly 900 pages of medical files were provided for and carefully reviewed for this IMR. It appears that a modification of this request has already been offered that would allow for her to have 6 sessions of psychotherapy. The only part of this request which was declined was the additional 3 sessions seen in the use of a range in the request of 6-9 sessions. This was an appropriate and even generous modification. The MTUS guidelines state that an initial block of 3-4 sessions should be offered. This request was for 6-9 sessions. There must be documented functional improvements that support the use of additional therapy sessions up to a total of 10 sessions. In addition, it does not appear that this patient reflects a patient who is likely to benefit or want to engage in a program of individual psychotherapy past multiple statement reflect in the medical chart such as this one from January 2014 that she is not interested in a pain management programs is "unlikely that she would be benefiting from psychological interventions." Therefore, the results from her initial set of 6 sessions that were suggested in the modification of the original request must be clearly supportive and document any improvements that are derived from them if additional sessions (up to a maximum total of 10 per the MTUS) are to be approved. The request is not certified.