

Case Number:	CM13-0069147		
Date Assigned:	01/03/2014	Date of Injury:	09/18/2012
Decision Date:	04/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 Psychiatry, 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:

Patient is a 44 year old female with date of injury 9/18/2012. Date of UR decision was 12/10/2013. Mechanism of injury was verbal harassment by supervisor. Per progress report from 1/10/2013, the injured worker was diagnosed with Adjustment disorder with depressed mood, Anxiety disorder NOS. She had subjective complaints of "stress and anxious since she left work, poor sleep most nights, depressed mood/anhedonia some days, significant problems with concentration, loss of energy, and periods of feeling bad about herself". Objective findings "affect somewhat labile, PHQ score of 9 suggesting depressive symptoms as mild to moderate". Evaluation by Psychiatrist on 8/13/2013 lists diagnoses of Major depressive disorder, single episode in partial remission and Anxiety ds NOS. Medications prescribed by Psychiatrist were lexapro, clonazepam, topamax. The injured worker has been receiving outpatient psychotherapy from different providers during the course of treatment and it appears that she has received >40 sessions so far. She has recently moved to a different state, received 12 psychotherapy sessions from current Psychologist but has been receiving treatment prior to that as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of additional psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental

Illness & Stress Chapter, Cognitive Behavioral Therapy (CBT) for stress and Cognitive therapy for depression

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines, Chronic Pain

Decision rationale: California MTUS states "Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". Upon review of the submitted documentation, it is gathered that the injured worker has already exceeded the upper limit for psychotherapy sessions focused on cognitive approach and behavioral strategies. Request for 12 more CBT sessions is not medically necessary and cannot be affirmed.