

Case Number:	CM14-0102469		
Date Assigned:	07/30/2014	Date of Injury:	07/25/2011
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

Based on the records provided for this independent review, this patient is a 34-year-old female who reported an industrial/occupational work-related injury on July 25, 2011. The injury reportedly occurred during her normal and customary work duties as a packer by [REDACTED] where her job duties included continuous repetitive motions for long periods of time handling produce and merchandise. She reports a gradual tenuous onset of neck pain and pain in her abdomen, upper extremities, wrists, bilateral arms, back and left lower extremity. There was also a specific injury on July 25, 2011 when she was lifting a box filled with bananas that weighed 40 to 45 pounds and heard a pop in her right ear, and felt severe pain and liquid began to drain from it. She reports that she was subjected to workplace harassment from her supervisor and was subjected to unfair treatment, verbal abuse, and was assigned work tasks that were excessive and required prolonged effort and were unreasonable. She reports having a depressed mood most of the day, nearly every day is characterized by markedly diminished interest in most activities being socially withdrawn and having crying spells for energy and libido. There is also anxiety she is tense, and worried. Sleep is described as poor. She had 12 sessions of psychological treatment in 2013 she reported that they were helpful sessions but does not recall the specific dates or treating providers. She has been diagnosed with Depressive Disorder, NOS; and Anxiety Disorder, NOS. request was made for 10 sessions of individual psychotherapy, the request was non-certified; this independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 individual sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

Decision rationale: This request is being treated as a first-time new treatment program and therefore it needs to follow a specific protocol. According to the MTUS guidelines, appropriately selected patients may be offered a course of cognitive behavioral therapy with an initial set of 3-4 sessions to be provided as an initial treatment trial to determine whether or not the patient response to the treatment program. Subsequent to the initial treatment trial an additional block of sessions up to a maximum of 6-10 can be offered if progress is being made as defined as objective functional improvement. The non-certification of 10 sessions was made because the request was non-conforming with the guidelines protocol. First the initial treatment trial must be conducted and then the results reported back documenting improvement if there is any. At which time additional sessions can be offered if they are medically necessary. My finding for this independent review is that this treatment is not medically necessary, but only because it is non-conforming with the treatment guidelines, not necessarily because the patient is, or is not, in need.