

Case Number:	CM14-0107935		
Date Assigned:	08/01/2014	Date of Injury:	05/02/2011
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 that were provided for this independent review, this patient is a 38-year-old female who reported an industrial/occupational work-related continuous trauma injury from December 1, 2002 through May 2, 2011. The patient noted that the injuries occurred to her during her employment with the [REDACTED]. There is a workplace harassment claim that her direct supervisor repeatedly asked her to go to lunch with him, and when she did he touched her leg "in an intimate and "inappropriate" manner. She requested, and received, a transfer to a different supervisor. In addition, after long-term use of computers she started to experience pain in her right upper extremity, including her arm and wrist. Medically, she has been the following problems: cervical spine musculoligamentous sprain/strain; right shoulder parascapular myofascial strain, right upper extremity overuse syndrome, right elbow medial epicondylitis, right forearm flexor and extensor tenosynovitis, right wrist strain, lumbar spine strain/sprain, G.I. problems related to medication use. In 2008 she again had to work with this supervisor and experienced interpersonal problems with his behavior. She began to be tearful at work frightened of him, she became depressed and anxious, with sleep disturbance. Additional symptoms were reported: decreased concentration and memory, stomach pain, diarrhea, shortness of breath, chest pain, rapid heartbeat, and frequent headaches. In one instance the supervisor insisted she give him access to the computer with a special code he ordered her to do so, but it was not lawful as he was unauthorized and he became very angry and threatened her. The patient engaged in psychotherapy and based on a report from May 2014, written after the utilization review decision and with the intention of providing additional information for this review, stating that the patient had achieved improvement with treatment and remains employed but her depression and anxiety symptoms continue. Psychologically, the patient has been diagnosed with Major Depressive Disorder,

single episode, moderate; Psychological Factors Affecting Medical Condition. The patient has been attending psychotherapy for over two years (quantity of sessions unknown). A request was made for 20 additional psychotherapy sessions, and was non certified. The utilization rationale for non-certification was that the request for 20 weeks of therapy was excessive when compared to the guideline recommendations and then modify the request for a final six sessions of psychotherapy to deal with residual symptoms and to address the termination issues. 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:

Weekly Psychotherapy Treatment for 20 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, psychological treatment Page(s): 101.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: psychotherapy guidelines, cognitive behavioral therapy for depression. June 2014 update.

Decision rationale: Additional information was provided for this update that describes in detail the patient's psychological treatment history from August 5, 2013 through April 1, 2014. There was no mention of what treatment was provided prior to this time but indications are that she has had ongoing treatment for quite a while. There was no mention of the total number of sessions that the patient had already been provided nor was there any mention of the frequency of the sessions although it does appear to be one time per week. If in fact the patient did have therapy sessions one time per week just on the timeframe that was mentioned above that would be the equivalent of nine months of treatment times four sessions each month or 36 sessions. Again, the total number of sessions were not provided but there is an indication she has had this treatment for two years now. Official disability guidelines state that the patient may be offered a maximum of 13 to 20 sessions, if progress is being made. In cases of severe depression or PTSD additional sessions up to 50 may be allowed if progress is being made. Her symptomology has been described as moderate rather than severe; in addition, even without these extra 20 sessions at a been requested she is greatly exceeded the maximum recommended in the official disability guidelines. Although the patient remains symptomatic with both anxiety and depression, and there was functional improvement derived from her prior treatment, her ongoing distress appears related to a toxic work environment that until it's resolved in some manner her symptoms will likely continue at or near the level they are currently. The patient has had extensive treatment to date relative to the severity of what she is dealing with and at this juncture additional treatment does not appear to be medically necessary nor indicated. The request to overturn the decision is not approved. It should be noted, that this decision is based primarily on the fact, that by my estimation, the patient having already received the maximum amount of treatment that is recommended for her condition. The utilization review rationale for their decision was appropriate, and they did offer an appropriate way to wind down this prolonged treatment.

