

Case Number:	CM14-0109920		
Date Assigned:	08/01/2014	Date of Injury:	11/17/2011
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

The records that were provided for this independent review reveal that this patient is a 62-year-old female reported an industrial/occupational injury on November, 17 2011. The injury reportedly occurred during her normal work duties, when she was bending forward to lift a potted plant. She reports constant low back and neck pain and right-sided lower extremity numbness, burning radiating pain, worsening incontinence, and decreased balance. Medically, she has been diagnosed with musculoligamentous sprain/strain, cervical and lumbar spine; disc protrusion, peripheral neuropathy, and degenerative disc disease lumbar spine pre-existing and work aggravated. She reports that all she can really do is lie in her recliner that she cannot sit, stand, walk, without terrible pain. Psychologically, she has been diagnosed with Major Depressive Disorder without Psychosis, moderate, Industrial; and Pain Disorder with Both Psychological and a General Medical, Chronic, Industrial. She reports very high levels of both anxiety and depression symptoms. In January 2014, a request for a psychological evaluation, and four sessions of cognitive behavioral therapy was made and approved to help the patient develop better coping skills or chronic pain condition. A request was made for six additional sessions of cognitive behavioral therapy, utilization rationale for non-certified was based on that the total number of prior sessions the patient is already received was not provided and there was a lack of objective functional improvement from prior sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23 -24.

Decision rationale: According to the MTUS treatment guidelines, patients should be offered 3 to 4 initial sessions of cognitive behavioral therapy as a trial of treatment to see if the patient responds with objective functional improvements. Based on the outcome of that initial set of sessions additional sessions may be offered if progress is being made. According to the Official Disability Guidelines (ODG) guidelines patients who are making progress in treatment can be offered 13 to 20 sessions maximum, and in cases of very complex psychopathology additional sessions up to 50 may be offered in rare situations. This patient could quite well be offered additional treatment sessions, however because, as was mentioned above, there is no indication whatsoever of what transpired in her initial treatment sessions, whether they even occurred, and whether or not there was any functional improvements based on them: there was a complete absence of any notes regarding those sessions. Without having any documentation from those sessions it is impossible to say whether or not additional sessions are needed for medically necessary. It does not appear that the patient has had a full course of treatment at this time, and it might make sense for the primary treating psychologist to resubmit this request in a manner which it might be approved, if it is still medically necessary, and if there is objective improvements that were made based on the initial treatment block. Therefore, the finding of this independent medical review is to not overturn the non-certification of six additional sessions solely due to the fact of insufficient documentation. Documentation with respect to psychotherapy treatment sessions should include the number of sessions at the patient has had to date as well as the patient's current diagnosis, and general topics that are being discussed in the sessions and worked on, treatment goals with and expected completed-by dates, and documentation of results. Therefore, the request is not medically necessary.