

Case Number:	CM14-0010178		
Date Assigned:	02/21/2014	Date of Injury:	09/14/2001
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Health Psychology and Pain Management 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 medical records provided for this independent medical review, this patient is a 59-year-old female, who reported an industrial/occupational injury on 9/14/2001. The patient has psychological diagnoses of Adjustment Disorder with Anxiety and Depressed mood; and Panic Disorder associated with psychological factors and a general medical condition. There's an additional diagnosis of Major Depressive Disorder, severe. She has pain complaints of chronic neck pain and low back pain which radiates to her left lower extremity also heel and plantar pain. The patient has pain in multiple areas including her left and right knee, left hand and wrist, and there are reports of severe radiating nerve pain. She is status post back surgery, which the patient described as "the biggest mistake she has ever made." The patient is anxious and has panic episodes, she feels depressed and isolated and has sleep difficulties with nightmares she is irritable, easily agitated, and socially withdrawn; there are difficulties with concentration and memory. A request for Weekly Psychotherapy treatment, one (1) session a week for twenty (20) weeks to prevent relapse and recurrent episodes was non-certified and denied. This independent review will address a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT, ONE (1) SESSION PER WEEK FOR TWENTY (20) WEEKS TO PREVENT RELAPSE AND RECURRENT EPISODES:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL/STRESS CHAPTER: PSYCHOTHERAPY (6/2014).

Decision rationale: After careful consideration of this patient's medical chart as it was provided for this independent review, it has been found that the patient is still in need of psychological treatment for major depression and anxiety, Insomnia, social isolation and coping with her chronic pain condition, as well as relapse prevention as well as specified in the original request. A report from a non-mental health provider in January of 2014, notes that the patient was reporting depression, nervousness, memory loss, and stress. She has had prior psychotherapy treatments and notes suggest that she does benefit from therapy and makes progress albeit gradual. With regards to prior psychotherapy her last group session was on October 28th 2013, and it appears that she had eight (8) sessions of psychotherapy in 2012, and nineteen (19) sessions in 2013. She has been awarded future psychiatric treatment as needed. Treatment goals for this requested psychotherapy were specified in detail in a follow-up letter submitted for this review. A summary of her prior treatment progress notes was provided and notes that as a result of the treatment in 2013, she shows less stress and was making some progress in her social withdrawal and isolation she was trying to learn talking to behavioral therapy ideas, but was still struggling with some of them and in general and overall appears to have been benefiting from the therapy. The Official Disability Guidelines indicate that for cognitive behavioral therapy and psychotherapy for Major Depression, thirteen to twenty (13 to 20) sessions maybe authorized, if progress is being made. The patient has not had any psychological treatment in 2014. This request seems both appropriate and medically necessary and my decision is to overturn the non-certification and treatment denial of twenty (20) sessions of cognitive therapy to be used for relapse prevention. Therefore, this request is medically necessary.