

Case Number:	CM14-0015531		
Date Assigned:	06/04/2014	Date of Injury:	10/06/2010
Decision Date:	07/22/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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, 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 records provided for this independent medical review, this patient is a 59 year old female who reported an industrial/occupational work-related injury on October 6th 2010. The injury appears to have occurred while she was engaged in her normal work duties as a cafeteria employee when she was accidentally bumped by a student causing her to fall, landing on her left knee and her left shoulder. This resulted in immediate pain which radiates to her neck, left knee and shoulder and wrist. A request for 4 sessions of psychotherapy for depression, anxiety and exposure to pain (initial) was non-certified. This independent medical review will address a request to overturn a non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 SESSIONS OF PSYCHOTHERAPY FOR DEPRESSION, ANXIETY AND EXPOSURE TO PAIN (INITIAL): Overturned

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

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

Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, topic psychotherapy guidelines June 2014 update.

Decision rationale: This patient is status post 3 surgical interventions for her knee and shoulder pain and still continues to suffer ongoing pain after her surgeries. She also reports continued and chronic neck pain with radiation into the upper extremities. Psychologically she reports having anxiety and depression secondary to her chronic pain condition and also loss of functional capacity. There are additional areas of pain that she reports. According to the records provided for this independent medical review, the utilization review decision for non-certification of four sessions of psychotherapy was made based on the fact that there was "no submitted psychological evaluation to see if the claimant has significant psychological defects and to determine if the treatment is needed." According to the MTUS and ODG treatment guidelines for psychotherapy and cognitive behavioral therapy there is a requirement for a psychological evaluation prior to the beginning of treatment. Psychological evaluations are important tools that provide information with regards to diagnosis as well as sorting out whether symptoms are caused by pre-existing factors or as a result of the injury/chronic pain condition that may have resulted. Documentation shows that there have been 2 requests for a psychological evaluation that were found to be medically necessary but the execution of the evaluation has been held up for unclear reasons. While a psychological evaluation does appear to be needed in this case, its absence is not sufficient to deny a necessary related treatment. According to the MTUS, psychological treatment is a well-established technique, and typically the initial course of treatment should begin with an initial block three to four sessions and subsequently additional sessions may be provided as long as the initial sessions proved to have a positive impact in that progress is being made. The request for 4 initial sessions conforms to the guidelines, and according to the ODG treatment guidelines for psychotherapy a maximum of 13 to 20 sessions may be provided so long as sufficient documentation of improvement is being made. In cases of severe depression or PTSD, up to 50 sessions might be provided if progress is being made. Therefore the request is medically necessary.