

Case Number:	CM14-0016379		
Date Assigned:	04/11/2014	Date of Injury:	10/03/2005
Decision Date:	05/13/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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:

According to the records provided for this independent medical review, this is a 44 year old female patient who reported an industrial/occupational related injury on October 3rd 2005 when she sustained an injury to her neck, right shoulder, and right hand when she was kicked by a youth whom she was trying to restrain. She has had several invasive surgeries that have not improved her conditional measureable. In addition to multiple areas of pain she has carpal tunnel issues and ongoing numbness and tingling. She has also had elbow surgery. As a result, she reports considerable frustration, fatigue, depression, and irritability with all the pain and the subsequent surgical interventions she is facing. She is often tearful and reports depression and anxiety with feelings of not wanting to continue living as she is but no specific suicidal intention or plan. She continues to try to do her best with such pain but she has it in the past and maybe currently taking Effexor and Ativan. She has a diagnosis of major depressive disorder, single episode, and moderate with post-traumatic stress disorder symptoms. Insomnia type sleep disorder due to the pain. She has had several surgeries for her back and has had extensive psychiatric treatment but has continued anxiety and depression symptoms. It was recommended that she start a low dose atypical anti-psychotic medication for insomnia and anxiety but is unclear if this occurred and if so what benefit, if any, resulted. She reports having some panic and anxiety when back in the same situation where she was injured and some degree of fear based flashbacks with disturbed sleep and nightmares. A request for continued individual psychotherapy 20 sessions was made and non-certified. This independent medical review will address a request to overturn this denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 INDIVIDUAL PSYCHOTHERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for 20 sessions of therapy was appropriately non-certified with a modification for additional four sessions and a request for reevaluation subsequent to the completion of the four sessions to determine progress and if further sessions are warranted. The official disability guidelines for psychotherapy state that an initial block of 6 visits over 6 weeks can be followed by a total of 13-20 sessions if there is documented objective functional improvements and in extremely severe cases more sessions can be offered in some cases. While the complexity of this case may warrant additional sessions, the total number of treatment sessions she has already received needs to be documented and what functional improvements she has achieved and would be expected to achieve is also needed. A full block of 20 sessions is not medically indicated without knowing how much treatment she has already had and the results of it. Therefore, the modification of changing the requested 20 sessions to 4 sessions allows the request to fall into the correct guidelines as they are stated. The original request for 20 sessions is too large of a number of sessions to be issued without the requested updated documentation objective functional improvement (based on these additional 4 sessions) and a statement of the total number of sessions provided to date to see if for the treatment is in fact medically necessary.