

Case Number:	CM14-0112009		
Date Assigned:	08/01/2014	Date of Injury:	05/14/2012
Decision Date:	09/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 provided for this independent review, this patient is a 44 year old female who reported an industrial/work-related injury on May 24, 2012. The injury is reportedly attributable to repetitive motion. She has been diagnosed with the following: Major Depressive Episode, Single episode, Moderate; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. She has reported chronic pain in her wrists, hands, forearms, back and right shoulder. Medically, her records reflect problems with: carpal tunnel syndrome, pain in joints (upper arm), shoulder joint pain, cervical neck pain. Psychologically, she reports sleep disturbance, passive suicidal ideation with no intention, plan or behavior. One progress note from her treating psychologist was included with this request dated 6/16/14 and stated that the patient has improved mood and sleep and has increased her activity level by doing longer and more frequent walking with her spouse, and has improved eating habits and is engaging in therapeutic activities between sessions. It also notes that she is continuing to report feelings of sadness and desperation when she is alone or other people in her home are asleep but that there was no suicidal ideation. Treatment has worked on helping the patient identify and challenge negative thoughts that impact her mood. The treatment plan was noted that she has had eight sessions and that symptoms have been improving. Treatment plan mentions the use of cognitive behavioral and mindfulness psychological interventions for depression and pain management. A request for continued cognitive behavioral therapy two times a week for six weeks for a total of 12 sessions was made. The request was non-certified due to insufficient information by utilization review, but did offer a treatment quantity modification for fewer sessions. 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:

Cognitive Behavior Therapy (CBT) 2 times a week times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part two: behavioral interventions, cognitive behavioral therapy Page(s): 23-24.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: With respect to her medical treatment, there was insufficient documentation of the cause of her injury, her prior medical treatment, her current medical treatment, the outcome of her medical treatments, and the current treatment plan. Psychologically, there were some notes with respect to her psychological state that reflect that she has improved her sleeping probably attributable to the use of the antidepressant Remeron, and increased exercise. It is unclear why the request is being made for sessions to be held twice a week when usual and standard treatment for once a week is often sufficient and allows for a lengthier time for the patient to make progress. Sometimes there are reasons to have sessions twice a week but in this case there was no rationale for provided or explain why this particular patient might need that. There also was improvement of her symptomology as well as some evidence of functional improvement, however additional information would be required to support ongoing treatment as she has had eight sessions already. According to the OD G guidelines for psychotherapy, patients can have 13 to 20 visits maximum, if progress is being made; and up to 50 sessions in rare cases of complex psychopathology including severe depression or PTSD (see June 2014 update). There is no indication that this patient currently would, or would not meet the criteria for severe depression given her improvements. The request for additional psychotherapy sessions to be held two times per week for six weeks is not medically supported by the documentation that was provided, and therefore it cannot be found to be medically necessary.