

Case Number:	CM14-0120488		
Date Assigned:	08/06/2014	Date of Injury:	01/17/2013
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 that were provided for this independent medical review, this 37-year-old female patient sustained an occupational/industrial work-related injury when she was involved in a car pileup that occurred on January 17, 2013. Psychologically, she reports being preoccupied with her medical condition and concerned about her health, increased depression and depressed mood and irritability, poor sleep and energy and diminished libido with tearfulness. There is significant tension, worrying, self-doubts, fear and anxiety. She was being treated with Topamax for headache but it's not been helpful and might have been discontinued. She reports constant neck pain that fluctuates in intensity and intermittent bilateral shoulder pain worse on her left side with bilateral wrist and hand pain as well as intermittent low back pain. She also is having auditory/hearing complaints and difficulty with short-term memory loss and intermittent speech stuttering. She notes that her cervical spine is the area of her greatest concern.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Sessions of psychotherapy for depression 1 x 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Psychotherapy Guidelines [www..odgtreatment.com](http://www.odgtreatment.com) 2013 Treatment of patients with major depressive disorder American psychiatric association practice guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment, See also Cognitive Behavioral Thera. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: According to the MTUS treatment guidelines psychological treatment is a recommended therapeutic intervention for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression, anxiety, panic disorder and PTSD. According to the MTUS guidelines for treatment duration for cognitive behavioral therapy, patients should have an initial treatment trial of 3 to 4 sessions which can be followed up with a maximum of 6 to 10 sessions if progress is being made. The official disability guidelines (ODG) are more generous and allow 13-20 sessions maximum progress is being made. Progress is defined as objective functional improvement. The issuance of additional psychological sessions is contingent on several factors: first is the total number of sessions already provided. The maximum recommended number in most cases is 20 sessions. The total number of sessions at the patient has had to date is unclear and was not stated in the request. It appears after a review of the brief medical records that were provided (only 45 pages, most of which were insurance related) that this is a request for an initial treatment request and not continuing additional psychological sessions. There is a protocol in place that suggests the patient should have an initial treatment trial consists of 3 to 4 sessions (MTUS) or up to six sessions (ODG) and that if the patient responds with objective functional improvements and is making progress in the treatment that additional sessions may be authorized. The issuance of additional sessions contingent on a patient making improvements in terms of activities of daily living, reduced restrictions on work if applicable, and reduced reliance on future medical treatment based on the treatments that have already been provided, and within expectation that additional treatments will create further increases in activities of daily living as well as reduced reliance on for medical treatments. This request for 24 sessions is excessive in quantity. The utilization review rationale stated that treatment was appropriate for this patient but offered a modification of 12 sessions. This was the correct decision, in fact it may have been overly generous based on the need to have an initial treatment trial to determine if the patient is responsive. Therefore the finding of this independent medical review is that medical necessity has not been established because the request exceeds recommended maximum guidelines.