

Case Number:	CM14-0122952		
Date Assigned:	08/08/2014	Date of Injury:	01/21/2012
Decision Date:	09/11/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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:

Based on the records provided for this independent medical review, this patient is a 58-year-old male who reported an industrial/occupational injury on January 21, 2012. Virtually no information regarding the nature of her injury was provided to me for this independent review other than to state that something occurred while she was using a high-speed buffer cleaning a room. It is unclear what parts of her body her pain injury is affecting I was unable to find a medical diagnosis for this patient. Psychologically, she has been diagnosed with major depression, single episode; pain disorder associated with both psychological factors and a general medical condition; opiate dependence/abuse; personality disorder, not otherwise classified with histrionic, passive and dependent, paranoid, and obsessive-compulsive traits. An updated psychological report from May 2014 states that the patient has shown significant improvements in the following areas her social withdrawal with avoidance of leaving her home during the day and loss of pleasure in shopping has improved; her anxiety which includes despair, excessive worry, and compulsive behaviors has significantly improved; her depression including sadness and loneliness and diminished energy level is significantly improved several other areas do not appear to reflect improvement including sleep disturbance, memory disturbance, disconnect between experiences of emotions versus cognitive identification of emotions and disconnect between mood and affect as well as enjoying sexual activity. She continues to experience frustration, sadness, loneliness and episodes of tangential thinking and speech. She appears to have had 3-4 sessions of psychotherapy in the fall 2012 and has had 16 sessions of physical therapy and treatment with pain medications and has undergone steroid injection and surgical intervention. She attended psychotherapy sessions recently in February, March, April, and May (eight sessions total). This total may be inaccurate as it is not clear that

the precise number of sessions that she has had to date is very important in making determinations on whether she's eligible for additional sessions or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Psychotherapy sessions, for approximately 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), guidelines for chronic pain; ODG Psychotherapy Guidelines, Psychotherapy for MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): page 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 update.

Decision rationale: I reviewed all of the records that were provided for this independent medical review, several unanswered questions prevent me from overturning this request. First of all the request itself is in properly written. When requests for psychological treatment reach the state of an independent medical review, they have to be specific in the exact quantity being requested. I received this request stated as: Continued Psychotherapy Sessions for Approximately Six Months. The wording of a request for psychotherapy has to be specific and in this case the use of the approximately means that it could be extended. This alone would be reason enough to not be able to overturn the non-certification decision. In addition, it appears that the request was for one session per month however this for some reason was excluded from the request as I received it. I'm not sure exactly why but I was able to determine later in the different paperwork that it was in fact for once a month, in which case the request should have been stated as being for 6 sessions over a period of six months. In general a six-month time frame is too long as the continued need for additional therapy should be assessed every few months and not over a six-month period. In addition, the total number of therapy sessions that this patient had is still unclear, and one document states that the patient has returned for treatment with a list of eight session dates suggesting that additional sessions had been provided prior to this time but no indication of when they were held. Requests for psychotherapy must contain the exact number of sessions that have been provided to date. Because the MTUS/ODG guidelines state that if patients are making progress, 13 to 20 sessions may be provided. Without knowing how many sessions she has had in total it is impossible to know how many more can be authorized. There is another concern with this request, and that is that although there is one document stating that she has made some improvements they do not meet the criteria for objective (in other words measurable) functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical

treatment. Therefore, the request for continued psychotherapy sessions, for approximately 6 months is not medically necessary.