MAXIMUS Federal Services

Case Number:	CM14-0126246		
Date Assigned:	08/13/2014	Date of Injury:	01/20/2001
Decision Date:	09/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 medical records as they were provided for this independent review, this patient is a 49-year-old female injured worker who reported an industrial/occupational work-related injury on January 20, 2001 that occurred during the normal and usual customary work duties as a result of continuous repetitive motion during her work as a graphics designer. The pain started with her right hand and wrist and progressed up to her shoulder and neck and subsequently developed similar problems with her left hand. She reports ongoing problems of insomnia, episodes of anxiety and panic attack, and a general decline in her mood. She is tearful, depressed and anxious and this is likely to be interfering with her functioning and coping with her pain condition. She reports the following psychological symptoms: depression, sleep disturbance, restless sleep, feeling unsafe in relationships, anxiety. She reports episodes of dizziness that have resulted in emergency room visits. Prior treatments have included mindfulness-based stress reduction training. A psychological consultation was performed on July 23, 2014 and stated that she has stated that she has not had any prior psychological treatment. The findings of this consultation were that the patient is reporting symptoms of emotional distress and feelings of hopelessness, pervasive worry and frequent panic attacks that have increased functional impairment by complicating self-management of chronic pain. The goals of participating in psychological treatment include helping the patient to reduce emotional distress including severe depression and anxiety, providing psych education regarding pain and emotional states, decreasing illness focused coping strategies and increasing wellness based focus coping, improving her sleep duration and helping to move the patient towards increased vocational participation. This is an initial request for treatment. The patient has been diagnosed with Anxiety State, Unspecified; and depressive disorder, not otherwise classified. A request was made for pain psychology visits one time a week for six weeks and the request was not approved.

Utilization review rationale for non-certification was not provided. This independent medical review will address a request overturn the non-certification treatment decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology visits once a week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychosocial Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23 TO 24. 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: A comprehensive and careful consideration was completed of all the medical records. Was able to find a note stating that the patient has stated she is not engaged in prior psychotherapy treatment for this pain condition. It was also found that there was a significant symptomology documenting medical necessity sufficiently. Also found was coherent treatment plan for the patient as well as an indication that this is an initial treatment trial that will determine if the patient responds with objective functional improvements, prior to requesting further treatment. Official disability guidelines state that patients may have 13 to 20 visits maximum of therapy if progress is being made. It is found that this is a reasonable request other than the fact that the injury was first reported a very long time ago. This fact alone is insufficient to warrant the withholding of treatment especially if the person is not already engaged in prior treatment episodes of cognitive behavioral therapy. This request is medically necessary.