

Case Number:	CM14-0126561		
Date Assigned:	08/13/2014	Date of Injury:	11/24/2011
Decision Date:	09/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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, this patient is a 38-year-old female who reported an industrial/occupational work-related injury on November 24, 2011. The injury reportedly occurred during her normal usual and customary work duties as an administrative assistant for [REDACTED]. The injury reportedly was related to her repetitive use of her hands resulting in carpal tunnel syndrome with symptoms of pain and numbness, tingling, cramping, and weakness in her fingers and hands that has been worsening since the date of injury. There is idiopathic polyneuropathy and there has been hospitalization for two months and the need for skilled nursing facility treatment for three months. She has been treated with conservative medical interventions as well as medication. Current medications include Percocet, Morphine, Dilaudid and Xanax; however this list appears inaccurate as there are several conflicting notes and she might have been weaned off several of these. There is a note that she is currently requiring a wheelchair for ambulation. She originally presented for a psychological evaluation in March 2013 an additional treatment was recommended which it appears she did not complete, or perhaps start due to "scheduling difficulties". Psychologically, she complains of severe anxiety and depression, and poor sleep. She has been prescribed the psychotropic medications Paxil, Abilify, and Ativan which was later switched to Xanax. She reports feelings of worthlessness, decreased libido, suicidal ideation (passive without plan or intention) hopelessness, fatigue, constant guilt, and difficulty concentrating. There is a note stating that the patient has daily alcohol abuse, alcoholic liver disease, polysubstance abuse with a history of alcoholism, and severe vitamin deficiency The patient has been diagnosed with: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; and Major Depressive Disorder; Axis II Deferred. An alternative diagnoses was provided: Major Depression, Single Episode, Severe, without Psychotic Features; Adjustment Disorder. A request

was made for six sessions of psychotherapy, the request was non-certified. The treatment was to start after the successful completion of an opiate detoxification program, it is unclear if she started or completed the opiate detox. Utilization review rationale for the denial of treatment was given that there was insufficient clinical information provided to support the request, that it was unclear if the patient has undergone any individual psychotherapy to date and that there was no indication if the patient had been placed on psychotropic medication. This independent medical 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:

6 Psychotherapy Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy, Physical Medicine.

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) Mental Illness and Stress Chapter, Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: I conducted a comprehensive and thorough review of the patient's medical chart as it was provided to me. The utilization review rationale for non-certified stated as it was insufficient information provided to support the request for six sessions of individual psychotherapy. I found in the patient's medical charts several detailed psychological evaluations that may have been completed after the utilization review decision. There is ample and extensive documentation demonstrating the medical necessity of this request. In addition it does appear that a prior treatment was requested but was not completed and probably not started it would be important for this information to be either confirmed or refuted on any additional requests. I have decided overturn the utilization review decision for non-certification because this a treatment does appear to be medically necessary. According to the MTUS/ODG treatment guidelines after an initial treatment trial additional sessions may be authorized contingent on documentation of objective functional improvement. A maximum of 13-20 sessions may be offered, except in cases of severe major depression and/or PTSD (June 2014) when up to 50 sessions maximum may be offered if progress is being made. Any additional requests for additional sessions must contain detailed objective functional improvement, as in activities of daily living, a reduction in work restrictions (if appropriate) and reduction on medical treatment. In addition this hoped that her past psychological treatment, if any, would be addressed more thoroughly. The finding of this independent review is that the treatment requested is medically appropriate and appears to be conforming to the MTUS guidelines.