

Case Number:	CM14-0139165		
Date Assigned:	09/05/2014	Date of Injury:	10/11/2000
Decision Date:	10/29/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/28/2014

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:

work-related injury that occurred on October 11, 2000. The mechanism of injury was not provided. She reports chronic cervical and shoulder pain that radiates into both arms and has a diagnosis of fibromyalgia that began a few years after the injury. A partial list of her medical diagnoses include: cervical degenerative disc disease; shoulder sp/st; acid reflux; sleep disturbance; headache; back pain, lower; lumbar degenerative disc disease; poor coping with pain: myofascial pain syndrome. Progress note from her family practitioner dated April 30, 2014 mentioned she is continuing with psychologist with good results affecting her mood no other additional information regarding her psychological symptoms, diagnosis, or treatment was provided. She has participated in psychiatric treatment and psychological treatment. Psychological treatment notes were found from February to June 2014. She was diagnosed with Adjustment Disorder with Anxiety; Pain Disorder Associated with both Psychological Factors and a General Medical Condition; Chronic Pain, Fibromyalgia. Patient described feeling like a failure as a result of requiring multiple days of rest after a social outing due to fibromyalgia her affect was mildly anxious they worked on stress and anxiety management helping her to prepare for stressful events, increase self-care and adjust commitments as needed, eating habits were also discussed. Psychiatric report depression, low energy, loss of motivation, anhedonia, sleep disruption, trouble making decisions and concentrating and suicidal thoughts poor sleep. Her psychiatrist diagnosed her with Major Depressive disorder, single episode, mild. A psychological treatment note from June 2014 mentions the patient has attended 4 sessions of psychotherapy for the current course of treatment and in 2012 had 8 sessions of psychotherapy. Treatment outcomes were described as: improvement in symptoms of depression, anxiety and pain management and better ability to pace her activities to account for her fibromyalgia, increased ability to calm herself when anxious, less frequency of anxiety attacks, and improved mood/less

sadness. There were also measured objective improvements for example reduction in Beck anxiety inventory score and improved levels on Beck Depression Inventory. Psychiatric medications include Nortriptyline and Sertraline. She also has been taking Atenolol (self-pay) for anxiety. A request was made for three psychological sessions, and request was non-certified; the utilization review rationale for non-certification was stated that there was no clear detail why psychological treatment is being requested, what specific functional goals were to be achieved, no detail how many prior sessions were completed and outcome from them.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up to Psychologist x3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

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, Topic: Cognitive Behavioral Therapy, Psychotherapy guidelines, June 2014 update.

Decision rationale: According to the MTUS treatment guidelines for chronic pain, cognitive behavioral therapy/psychotherapy treatment is a recommended procedure for properly identified patients. After an initial treatment trial that consists of four sessions, if there is documentation of objective functional improvement, additional sessions may be offered up to a maximum of 13-20 sessions (ODG). The patient appears to be making good progress in her treatment, and benefiting from it, and the total quantity of sessions does not appear to exceed the maximum guidelines. Although, the total number of sessions that have been provided to date in this current course of treatment was not provided, the progress notes do reveal that an additional 3 sessions appears to most likely fall within the above stated guidelines. Additional requests for therapy, if needed, must include the exact total of sessions that have been provided to the patient clearly documented. In addition, the precise definition of objective functional improvement is not solely based upon symptom improvement but also the patient demonstrating increased activities of daily living, a reduction in work restrictions if appropriate, and a decreased dependency on future medical care. Although the documents that were provided do substantiate objective and measurable progress/improvement they barely addressed these specific aspects of functional improvement, however there was enough to warrant continued treatment for three additional sessions. The finding of this IMR is that 3 additional sessions is a reasonable and medically appropriate request, and so the UR decision is overturned.