

Case Number:	CM14-0147312		
Date Assigned:	10/02/2014	Date of Injury:	03/02/2004
Decision Date:	12/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/10/2014

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:

According to the records as they were provided for this IMR, this patient is a 55-year-old female who reported a work-related injury that occurred on March 2, 2004 during the course of her employment for the [REDACTED]. Her job title was a senior clerk which she describes as stressful and in a constant state of work overload with unrealistic supervisory demands which became overwhelming and unmanageable and a pre-existing depressive state intensified to the point that she was placed on disability status in June 2004. Also noted are the following dates of continuous trauma injuries 3/03-3/04 and 12/04-9/06. This IMR will address for psychological symptomology as it relates to the current requested treatment modality. A psychological evaluation with psychometric testing was performed on June 30, 2014. She began psychological treatment in June 2004 and was diagnosed with: "Depressive Disorder Not Otherwise Specified and Psychological Factors Affecting Medical Condition in the form of headache, G.I. pain and hypertension." According to the psychological evaluation, she returned to work in December 2004. It was noted that the group psychotherapy that she was receiving was helpful. Number of treatment sessions provided was not indicated. Further it was noted that she returned to treatment in February 2009 describing additional stressors in her employment affecting her marital relationship and she was given added diagnosis of "partner relational problem and insomnia due to depressive disorder." It was noted that there had been deterioration in her condition. Psychiatric intervention is recommended. The remainder of the psychological evaluation after the 5th page was missing, and there was no further documentation regarding the patient psychological treatment or current symptomology provided other than the above description. A request was made for pain psychology follow-up, session quantity was unspecified based on the UR non-certification determination appears to be 24 visits. This IMR 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:

Pain psychology follow-ups: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment, and Cognitive Behavioral Therapy Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, and Psychotherapy Guidelines

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With respect to the requested treatment, the medical records provided for this review do not substantiate the medical necessity of the request. There was insufficient documentation provided detailing the patient's prior psychological/psychiatric treatment to determine whether or not the requested treatment is consistent with current treatment guidelines listed above. The total duration and session quantity was not discussed, is unclear if this is a request to start a new course of treatment or if the request is for continuing existing course of treatment. The exact number of sessions being requested is unclear. If it's a new course of treatment the request does not appear to conform to the above stated MTUS/ODG guidelines for an initial treatment trial, and if it is a request for ongoing/continuation of existing treatment there was no documentation of objective functional improvement a progress to substantiate further treatment. Furthermore, the patient's current psychological status remains unclear. It seems that part of the report from June 2014 was cut off after the 5th page. In addition, it is unknown whether or not she was provided any psychological treatment after the June 2014 evaluation and if so what the outcome and session duration/quantity may have been. In addition, without

knowing the patient's prior psychological treatment history it is impossible to determine whether or not she has already received an adequate course of psychological treatment. The medical necessity of this request was not established, the request is not medically necessary.