

Case Number:	CM14-0151171		
Date Assigned:	09/19/2014	Date of Injury:	02/16/2012
Decision Date:	10/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 provided for this review are this 33-year-old female patient reported a work-related continuous trauma injury that occurred between the dates of June 8, 2009 and August 1, 2012 during her normal work duties for [REDACTED] as a typist clerk. Medically, she has been diagnosed with right carpal tunnel syndrome, right lateral epicondylitis; and right de Quervain's tenosynovitis. According to the primary treating psychologist report, she shows "profound levels of depression marked by tearfulness, flat affect, anxiety connected to the described work related trauma, insomnia, and inability to make decisions due to a lack of confidence, low self-esteem, recent energy levels. She reports being unable to sleep and has chronic and severe pain and states that: "I feel so useless and broken I often wonder if I will ever have the emotional and physical strength to support myself and my child." She has been diagnosed with Major Depressive Disorder, Single Episode, Severe; Insomnia Type Sleep Disorder Due To Pain; and Psychological Factors Affecting Medical Condition. The patient has been engaging in psychotherapy sessions (unspecified duration and quantity) and reportedly the sessions benefit her by "helping stabilize her feelings of depression cognitive behavioral therapy techniques such as cognitive reframing, assertiveness training, motivational interviewing, and relaxation training. Treatment has helped increase hope in recovery and eventually attending school returning to work. And functional improvements been made and: developing motivation to do simple things like getting out of bed, family and social networks, complying with medical appointments. Continued treatment is recommended to prevent further emotional decline and produce improved functionality and emotional, social, and vocational domains." A request was made for 20 sessions of weekly psychotherapy treatment one time per week for 20 weeks and was non-certified, the utilization review department offered a modification of the request to allow six sessions total. This IMR is 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:

Individual psychotherapy one (1) session per week for twenty (20) weeks (52 minutes per session): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines for Mental Illness and Stress regarding Cognitive therapy for depression

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 records that were provided for this IMR the patient has been actively engaging in psychological treatment however progress notes from this treatment sessions were minimal at best. It is unclear how many sessions the patient has had as of this juncture. The MTUS/ODG guidelines specifically recommend that patients who are making progress in treatment may have a maximum of 13-20 sessions. This request for 20 sessions would exceed that amount assuming that she is already had prior sessions which she has. In some cases of severe depression and PTSD (post traumatic stress disorder) additional treatment sessions may be warranted if there is evidence of significant functional improvement as defined as increased activities of daily living, reduced dependency on future medical care, and a reduction in work restrictions. But because it is unclear how much treatment she has had to date already she may have even reached that maximum by this juncture for this request for 20 additional sessions may put her over that limit. In addition she was authorized for six additional sessions in July 2014 and there was no update that was provided from those sessions reflecting whether or not she continues to make progress. Due to insufficient documentation of the patient's prior treatment course the medical necessity of additional sessions is not supported, in the request to overturn the utilization review, non-certification with partial modification, is not approved.