

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0151323 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 05/23/2012 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/28/2014 |
| 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 a licensed Doctor of 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 review, this patient is a 43-year-old female who reported an occupational injury that occurred on May 23, 2012 that occurred during the course of her normal employment as a registered nurse for [REDACTED]. There is a prior work injury in 2003 reported as back pain. On that date she reported feeling pain that was "really bad" as she was assisting a patient to the bathroom. She reports experiencing pain in her left shoulder, back, and neck. She reports psychological sequelae including depression and frustration due to inability to return to work. She has been prescribed with pain medications and psychotropic medication including Trazodone, Effexor, and Imipramine, and has a nonindustrial diagnosis of multiple sclerosis that results in headaches. The medications mentioned are being used for her headache on a nonindustrial basis and not psychological/psychiatric symptoms. She has been diagnosed with nerve compression/impingement in her neck. Physical therapy and steroid injections were only temporarily helpful. She underwent left shoulder SLAP repair on May 30, 2013, which did not resolve her pain. She has participated in acupuncture which reportedly helped a lot. She continues to do yoga and physical exercise therapy at home. She is experiencing psychological symptoms of depression and anxiety due to financial problems and inability to work. She has been diagnosed with: Adjustment Disorder with Depressed Mood (Industrial). Based on objective measures her level of depression ranges from mild to moderate. A psychological report/evaluation was conducted in August 2014 and recommended that she participated 12 sessions of weekly psychotherapy to: "assess for anxiety and depressive symptomology and to address the issues related to chronic pain as it impacts psychological functioning. Therapy is to be cognitive behavioral, directive and supportive, and utilizing a problem-solving approach." There are no records that indicates she has had any prior psychological treatment related to this

injury or otherwise. A request for 12 sessions of psychological treatment was made and UR offered a partial certification of 4 sessions. The rationale for partial certification was stated as: "given the claimants continued pain, depression, functional limitations and diagnosis, a trial of psychotherapy is appropriate recommended partial certification of individual therapy sessions (adjustment disorder) (1X4)." 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:

Individual psychotherapy sessions (adjustment disorder) 1 x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive behavioral therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, . See also Psychological Treat. 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 psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. It includes goal setting, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, addressing psychological and cognitive functioning, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder. An initial course of treatment should be conducted as a trial to ensure that treatment failures cannot be identified early an alternative treatment strategies can be pursued if appropriate. This initial treatment trial typically consists of 3-4 sessions (MTUS) to determine if the patient responds with symptom improvement. Additional sessions may be offered if there is improvement up to a maximum of 13-20 visits over a 7-20 week period of individual sessions (ODG). Progress is defined typically in terms of objective functional improvement: increased activities of daily living, a reduction in work restrictions, and a decreased dependency upon future medical care. This patient is showing evidence of delayed recovery, and in complete healing despite conventional and surgical interventions as well as alternative techniques of pain management such as acupuncture, medications, steroid injections, physical therapy, and yoga. Psychological symptoms have been reported of depression and treatment is reasonable at this time, however the request as it was made and submitted to this independent review was nonspecific for the treatment sessions being requested. Requests for psychological treatment being submitted for IMR must contain the precise quantity of sessions being requested; otherwise authorizing it would be the equivalent of authorizing unlimited therapy. In addition the above mentioned protocol for an initial treatment trial must be followed. The medical necessity of unspecified psychological treatment sessions has not been demonstrated by the documentation provided and therefore the request is not medically necessary..