

Case Number:	CM14-0154674		
Date Assigned:	09/24/2014	Date of Injury:	07/10/2012
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 as they are provided for this independent medical review, this patient is a 59-year-old female who reported an occupational injury that occurred on July 10, 2012 during her normal employment duties for [REDACTED] where she was employed as a sales assistant selling tile and stone [REDACTED]. According to the patient, the injury occurred when she was putting items and a small closet using a handcart, she backed into a stack of boxes that reached just below her knee, lost her balance, fell backwards over the boxes and the handcart landed on top of her. She called for help but no one was available, eventually picked herself up, and called her husband to take her home. She reports constant low and mid back pain with numbness and pain in her left leg. Because this IMR is for psychological treatment the discussion will be limited to her psychological and psychiatric symptoms. This injured worker reports: anxiety, fatigue, depression, poor concentration and recent memory, inability to relax, not having any enjoyment in life or interest in things, loss of sexual desire, and feeling inferior to others. She reported a pre-existing nonindustrial history of anxiety secondary symptoms of depression since 2008/9 when her husband suffered a head injury. She reports that her industrial injury has resulted in a worsening of her depressed mood as a result of chronic pain and loss of occupation and ability to function. Her level of depression was described as mild to moderate. She has been diagnosed with the following psychological/psychiatric disorders: Depressive Disorder, Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified. She has been treated with psychiatric medications prescribed by a psychiatrist on an industrial basis. The medical records provided for this review do not reflect any prior psychological treatment, however this was not explicitly stated. A request for treatment was made for 16 visits of psychotherapy "to be rendered equally in an individual and a group cognitive supportive context to assist in the amelioration of her depression and secondary anxiety, and to the enhancement of

chronic pain coping mechanisms." There was also a recommendation that she continue her medication Cymbalta as being currently prescribed on an industrial basis. The purpose of the requested treatment was The request was non-certified with the utilization review rationale stated as that "the clinical indication and necessity of this procedure could not be established." 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:

Psychotherapy 16 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Psychological Treatment; Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic, cognitive therapy for Depression, psychotherapy guidelines, June 2014 update.

Decision rationale: According to the CA-MTUS guidelines, psychological treatment is: "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing the patient's pain beliefs and coping styles and assessing psychological and cognitive functioning, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." The ODG cognitive behavioral therapy (CBT) guidelines for chronic pain state: "screen patients with risk factors for delayed recovery, including fear avoidance beliefs... Initial therapy for these " at risk" patients should be physical medicine for exercise instruction using a cognitive motivational approach to physical medicine. Consider separate CBT referral after four weeks if a lack of progress from physical medicine alone: initial trial of 3 to 4 psychotherapy visits over a two-week period and with evidence of objective functional improvement a total of up to 6-10 visits over a 5-6 week period of individual sessions may be offered. In the Mental Illness and Stress Chapter of the ODG 13-20 sessions can be offered if progress in treatment is being made. This treatment request is for 16 sessions of psychotherapy. The request follows from a comprehensive psychological evaluation that included psychological assessment/testing and was completed on September 8, 2014 by the primary treating psychologist who is making this request for treatment. The request for treatment is non-conforming with recommended treatment protocols which suggest an initial treatment trial consisting of: 3 to 4 sessions (MTUS) and up to six sessions (ODG). The request for 16 sessions at the outset of treatment ignores the initial treatment trial recommended protocol, but also is excessive in quantity as it falls within the range for the entire recommended course of psychological treatment for most patients without any ongoing process to assess ongoing medical necessity based on current status of pain and psychological symptoms. Because of these reasons the medical necessity of this request has not been established by the documentation provided for this the request treatment is not medically necessary.