

Case Number:	CM14-0156484		
Date Assigned:	09/26/2014	Date of Injury:	12/05/2008
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/24/2014

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 that were provided for this IMR, this patient is a 41-year-old female reported an occupational related injury that occurred on December 5, 2008. The specific mechanism of her injury was not included in the documents provided but was stated in general terms as injury to her: "bilateral upper extremities, neck, and upper back after years of working in the dry-cleaning industry." She has undergone physical therapy, acupuncture, and conventional physical medicine. There were no reports of surgical interventions. She continues to report pain in the upper and mid back, and shoulders that radiates down bilaterally arms. A psychiatric update report from July, 2014 states that the patient continues to have problems with anxiety and has been prescribed Valium, Cymbalta, and Abilify. The patient has been diagnosed with Major Depression with Psychotic Features; Anxiety Disorder Not Otherwise Specified; and Pain Disorder with Psychological Factors and a Medical Condition. An additional, but disputed, diagnosis of Somatoform Disorder was mentioned. She reports anxiety and depression, insomnia, headaches, and intermittent suicidal thoughts. The psychotic thoughts are described as auditory hallucinations e.g. a woman's voice saying that she does not like her (the patient), or "go away" or "something that sounds like an echo." Her prior psychological treatment with the psychologist was described as helping her with her mood, motivation, and sleep. She appears to be attending treatment, one time per month basis. A request was made for additional sessions to be held at a more frequent basis to provide "professional coaching to work on her self-esteem, helplessness, and hopelessness" and to monitor episodes of suicidal ideation. On August 6, 2014 a psychiatric report states that the patient is doing better overall and is less nervous and anxious and that increased dose of Cymbalta is making a difference and resulting in more optimism, but that mood is still depressed. Only one psychological treatment note from her primary psychologist was provided and it was dated July 2014 and discusses her medication and that because of the

therapy she has started to "exercise in the backyard with walking and watches television and reads even if only for short periods of time and is not as focused on her chronic pain and has not heard any voices during the past 2-3 weeks." A report from the patient's physician assistant stated that: "there was no agitation, no anhedonia, not anxious. Appropriate mood and affect... No hopelessness. Appropriate affect. No mood swings. No obsessive thoughts. Not paranoid." A similar note was provided by her primary treating psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinical Psychology Weekly X 4 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 for Depression, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: The medical necessity for weekly individual psychotherapy for 4 months (approximately 16 additional sessions) is not supported by the documentation provided for this IMR. There is no specific treatment plan that details measurable goals that meet the definition of objective functional improvements and provides an expected date for accomplishment. The number of sessions requested exceeds recommended maximum guidelines: prior sessions already used was reported to be approximately 12 with this additional request for 16 sessions bringing the total to 28. Current psychotherapy recommended guidelines (ODG) suggest that if the patient is making progress in treatment that a maximum of 13-20 sessions may be provided. With 20 sessions being the upper limit this request would exceed that number. A psychiatric treatment update report from July 2014 notes that the patient's auditory hallucinations have and that there was no paranoia no suicidal or homicidal ideation or mood swings but that she continues to have anxiety and back pain. Concerns were raised with regards to her psychiatric status marked by symptoms of auditory hallucinations and paranoia, but all indications from from the above mentioned progress note is that those symptoms were reported as stabilized or resolved. There was insufficient documentation from the treating psychologist with respect to what has occurred during the prior treatment sessions. Only one direct progress note regarding her psychological treatment was found and it contained insufficient documentation of objective functional improvement. While a few improvements were mentioned for example her starting to walk in the backyard and read/watch TV they were not sufficient to meet the criteria of significant objective functional improvement which is defined as a clinically meaningful increase in activities of daily living, reduction in work restrictions if applicable, and a decrease in future medical dependency. Because this request reflects excessive quantity, insufficient progress, lack of measurable goals for treatment with projected dates of expected accomplishment, and that psychotherapy progress notes from prior sessions were too few and contained insufficient detail

to adequately assess the treatment that has been provided already, the request to overturn the utilization review decision is not approved.