

Case Number:	CM14-0158955		
Date Assigned:	10/02/2014	Date of Injury:	01/22/2003
Decision Date:	10/28/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 63-year-old female who reported a work-related injury that occurred on January 22, 2003. She reports that the injury occurred when client grabbed her left arm and yanked it all the way back and she injured her neck and left upper extremity. She reports constant neck pain that radiates into the left upper arm in the deltoid region but not into the forearms. She also has constant pain, numbness and tingling in her lower extremities bilaterally. She reports back pain that radiates down bilateral legs and left shoulder. She has difficulty with activities of daily living that require kneeling or squatting and finds it difficult to navigate stairs and complete errands and cooking activities including general self-care such as getting dressed. Her diagnoses include but not a comprehensive list: Adjustment Disorder with Anxiety, Depression Degenerative Disc Disease Cervical, Thoracic Spine Pain, Chronic Pain Syndrome Cervical Radiculopathy Degenerative Disc Disease Lumbar Neck Pain and Spinal Stenosis of Lumbar Region. This review will address symptoms and treatment related to her psyche as they relate to the request for psychological treatment. A progress note from June 2012 mentions a request for 12 sessions with a psychologist of therapy and states that she's been very depressed but was unable to get the medication Effexor approved. The note continues by stating that she is already had 12 sessions of psychotherapy, in 2011, and felt much better and she was able to return to work while under his care but needs more follow-up sessions. A request for six sessions between June 2012 and August 2012 was certified for psychological treatment of depression and anxiety. It is unclear how many sessions she had in 2011 and 2012. Progress notes from August 2012 state the injured worker's mood and affect are appropriate and she is not experiencing depression but is continuing to report having anxiety. In September progress note described the injured worker as not being anxious or depressed and having normal mood and affect and no anxiety. By October

2012 the depression had returned and was again positive for anhedonia, and hopelessness but not anxiety. By the end of October 2012 she returned to work full-time and decreased the frequency of her psychiatric visits but continued to report severe depression. She continued to attend regular psychiatric treatment throughout 2013. She does not appear to have any additional psychological. In March 2013 she was continuing to work 40 hours a week and was described as: "negative for anhedonia, agitation anxiety, denies hopelessness, exhibits normal appropriate mood and affect. She continued to have psychiatric treatment throughout 2013 and into 2014. Another progress note from April 2014 reflects the injured worker deteriorating when her opiate medications were abruptly stopped and she decreased self-care and stopped working. There was suicidal ideation at that time and it continued through as reflected in another progress note from July 2014 states that she has been having suicidal thoughts and possesses a firearm which he keeps a loaded on her nightstand and is being monitored by her psychologist. A note from June 2014 mentions a request for 12 sessions of psychological treatment, stating that she had last had psychological treatment in 2012 and responded well. Six sessions of psychological treatment were approved and it appears she attended them.. She noted that whenever she gets a denial for treatment her suicidal thoughts get triggered. At that time she agreed to contract with the psychologist to not injure herself. Her condition appears to have stabilized by September 2014 as a progress note states that there are no mood swings, and no suicidal ideation. Another progress note from her psychiatrist in September 2014 mentions the psychological treatment with her psychologist, that it is essential and is helping to motivate her to try to and pushing her forward with her social and vocational work and walking her dogs more and trying to get out. It further mentions that the therapy with her psychologist must continue on a weekly basis and is helping with her pain coping skills and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Clinical Psychology Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Cognitive Behavioral Therapy, Psychotherapy Guidelines.

Decision rationale: The MTUS guidelines state that psychological treatment is "recommended for appropriately identify 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, assessing psychological and cognitive functioning, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The official disability guidelines mentioned that for psychotherapy up to 13-20 visits over a 7 to 20 week period of individual sessions may be offered if progress is being made (the provider should evaluate symptom improvement during the process of the treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate) in cases of severe major depression or PTSD up to 50 sessions if

progress is being made. This request is for 12 additional sessions of psychological treatment to be used in conjunction with the ongoing psychiatric treatment. As best as could be determined the injured worker had psychological treatment in 2011 and again in 2012. There is insufficient documentation that the injured worker derived objective functional improvements based on the psychological treatment sessions. Without specific progress notes provided by the treating psychologist the document unique objective improvements in functioning is impossible to determine that this treatment is medically necessary. There were some notes provided with respect to the psychological treatment that came from her physician assistant. The total number of sessions that the injured worker has had to date is not provided and had to be estimated. The injured worker's injury occurred over 11 years ago, there is no mention of what psychological treatment she has had during most of that time. The justification for additional psychological treatment is not supported as being medically necessary based on the above stated criteria. The request is not medically necessary.