

Case Number:	CM14-0162814		
Date Assigned:	10/09/2014	Date of Injury:	01/23/2002
Decision Date:	11/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 medical records that were provided for this independent review, this 64-year-old female patient reported a continuous trauma injury from September 1997 through January 23, 2002; there were no details provided with respect to the mechanism of her injury. Medically, she has been diagnosed with: Lumbar Radiculopathy, Carpal Tunnel Syndrome, and Sprain L Spine" additional clarification of her medical diagnoses was not provided. Psychologically, she has been diagnosed with Major Depressive Disorder, single episode, moderate (also described elsewhere as "severe with psychotic"); Psychological Factors Affecting Medical Condition. A PR-2 (March 31, 2014) describes the patient's subjective complaints as depression, pain, insomnia, anger, and frustration; objective findings were depression and discouragement but with some activities of daily living (ADL) functional improvement - hopes to do volunteer work. Treatment plan is described as weekly cognitive behavioral psychotherapy, medications, biofeedback therapy, telephone consults, as well as related psychiatric and social services to treat the above conditions and symptoms. There were no specific treatment goals provided and no objective dates of completion. PR-2 April 30, 2014 mentioned of the patient's probability of not being able to ever return to work time or even part-time. An additional note from May 2014 was similar in content. A request for continued weekly psychotherapy for 20 visits over a 20 week "to maintain and prevent reoccurring episodes" was requested. The request was not approved. The UR rationale for non-certification was stated as: "number of total treatment sessions and number of recent treatment sessions to date is unknown current documentation submitted for review is limited regarding objective functional gains as a result of recent treatment. There is also limited documentation regarding a plan of care including specific goals and predicted length of treatment. 12 years post injury, and after prior psychotherapy treatment, the claimant should be well versed and independent and coping strategies."

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual, weekly, Psychotherapy therapy sessions times 20 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (CBT) Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); (CBT) Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, See Also Psychological Treatme. 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. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and post-traumatic stress disorder (PTSD). The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient's psychological treatment, very little information was provided for consideration; the entire package of medical notes consisted of 28 pages with only a few being clinical in nature. Patient descriptions were very brief and did not reflect any change from month-to-month. There was no indication of progress being made in treatment. Information regarding the course of treatment was insufficient to establish medical necessity of further treatment. There was no information at all regarding how long she's been in this current treatment. This information is essential in order to determine whether or not additional sessions fall within the above stated guidelines. There was also a lack of information regarding her prior treatments, if any. The patient does appear to have been participating in regular monthly psychiatric treatment; her current medications include Seroquel, Celexa, Klonopin, and Ambien. She is reported to be stable with this medication regime. Information supporting the notion of objective functional improvements was minimal and vague. There was no treatment plan the consisted of specific goals; the treatment plan simply listed treatment modalities to be used. Medical necessity of continued treatment is not able to be established.