

Case Number:	CM14-0168686		
Date Assigned:	10/16/2014	Date of Injury:	11/19/2001
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 Clinical 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 provided for this IMR, this patient is a 53 year old female who reported an occupational related injury that occurred on November 19, 2001. The injury occurred during her work duties as a cable installer after falling 30 feet from a telephone pole. She sustained severe injuries to many parts of her body including back, neck, pelvis, and left heel. She is status post posterior lumbar fusion with hardware, right knee replacement (February 2014), pelvic fusion, right tibia fracture, extensive left foot surgery, and other procedures well documented in her medical chart. A progress note from September 2014 states that she reports constant, non-radiating foot pain. She has fallen several times and is having difficulty ambulating due to pain and has a history of "Drop Foot" secondary to back injury. Primary physician progress report PR-2 July 2014 states psychiatric diagnosis includes Posttraumatic Head Syndrome; Psychological Factors Affecting Physical Condition; "patient has depression and continues to see [REDACTED], she reports has been very beneficial and completed evaluation with [REDACTED] in the past. It appears these doctors are mental health physicians but it was not specified in any further detail than this. A previous PR-2 from June 4, 2014 mentions diagnosis: Depression with Anxiety, "patient continues to see [REDACTED] that she reports is beneficial." Similar notes from April 2014 and May 2014 specifies diagnosis depression with anxiety and patient taking Paxil at the same dose of 40 mg as it is working well. March 2014 PR-2 states patient's depression is worse and that she is scheduled to see [REDACTED]. There was no further information with regards to this patient's current psychological condition or her psychological treatments other than these brief mentions noted here. It is unclear whether the visits that are mentioned are with psychiatrist or psychologist. The utilization review rationale for non-certification provided the most comprehensive information regarding the psychological status and refers to a psychological report from August 29, 2014 that was not provided for this IMR. According to the UR decision

this report reflects that the patient is in despair, and cannot breathe without pain and is deeply frustrated, and is welcoming a natural death when it comes. That her mood is depressed and she is crying a lot with unstable affect and is "incapable of sound judgment but was cooperative." Her Beck depression index reflects an increase in the severity of depression. She had received recent news that her spine is a severely damaged. The patient had "4/6 visits (unspecified with whom) and has been in the distressed condition mentally, emotionally, physically, and reports that hermit medications have not been authorized. Her speech was interrupted by sobbing and hopelessness. However, this report was not included with the paperwork that was provided. There was no psychological progress notes or psychological evaluations or treatment summaries. Similarly, no psychiatric notes were provided either for this review. The medical records consisted of 134 pages, however none of the documents were from mental health providers. A request was made for six psychotherapy sessions to be held between September 30, 2014 and November 14, 2014. The utilization review rationale for non-certification was stated as: "the psychological report of August 29, 2014 does state the patient does indeed need to have psychotherapy sessions, as well as the psychophysiological sessions with biofeedback. It appears that these individual sessions were being billed separately.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Psychotherapy sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment, cognitive behavioral therapy Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: According to the MTUS cited above, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial consists of 3-4 sessions. (Up to 6 sessions for an initial trial are recommended in the Official Disability Guidelines). The MTUS recommends up to 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 extreme and cases of Major Depression (severe) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient, the documentation provided for this IMR was insufficient to support the requested treatment. Although her physical condition for the past year was well documented in the medical records provided for this IMR her psychological condition was not. Her primary treating physician did mention ongoing treatment with an unspecified mental health professional. There was a referral to an existing psychological evaluation that reflected a state of despair and depression however the document was not included for this review. There is an indication that she is on the medication Paxil, and has depression and anxiety but other than that there was no information with regards to her prior treatments. The available records do not establish if this was a request for new or ongoing treatment, or discuss the results

of any prior treatment. There were no reports from a treating mental health provider. Medical necessity for psychological treatment is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Given the lack of necessary documentation, the medical necessity for the 6 visits of psychological treatment has not been established. The requested 6 visits of psychotherapy are therefore not medically necessary.