

Case Number:	CM14-0170181		
Date Assigned:	10/20/2014	Date of Injury:	12/02/2011
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 61 year and 11 months old female that was injured during her work duties as a mobile coordinator for [REDACTED], on December 2, 2011, when she slipped and fell from the second step of an RV trailer landing directly onto her left hip and breaking her left femur. She returned to work briefly in early 2012 for a few months but then experienced stressful circumstances in the workplace. A partial list of her medical diagnoses include: lumbar spine/strain rule out internal disc disruption; status post left total hip replacement and left proximal femur fracture; left knee pain with internal derangement and compensatory right knee pain she reports low back stabbing pain that travels down her left hip and leg and that she is unable to sit or stand for more than 15-20 minutes without pain, and intermittent right knee pain, left ankle pain. Fractured pelvis to be followed up at Kaiser. This IMR will focus on her mental health symptoms and treatment. As a result of the pain she reports the following symptoms: depression, wanting to be alone, anxiety, nervousness, sadness, difficulty learning and remembering and concentrating, poor attention, poor sleeping and flashbacks to the incident. Psychologically, she has been diagnosed with anxiety and depression and insomnia. A progress note from July 4, 2014 notes that the patient has been participating and will continue treatment with a psychiatrist. A treatment note from April 2014 states that she has been authorized for "psychiatric treatment one to two times a week for 3 to 6 months." Psychiatric progress note from March 2014 states patient remains P&S from a psychiatric standpoint and continued to manifest dysphoric symptoms and will be seen for support of psychiatric care and monitoring of mood elevating medication. It is unclear when her psychological/psychiatric treatment began with regards to the treatment of this injury, but the earliest psychiatric progress note was from October 2012. A summary of several progress notes stated that the patient had acute stress disorder, anxiety disorder, and obesity. That she was

feeling anxious and stressed at work due to a new boss and was crying and having difficulty sleeping. May 15, 2013 patient still has depression and anxiety due to pain per her primary treating physician. June 2013 psychiatric progress note -diagnosis: Depressive Disorder Not Otherwise Specified, Anxiety Disorder Not Otherwise Specified, Obsessive-Compulsive Independent Personality Traits. Recommended 8 to 12 sessions of treatment for mental health practitioner who specializes in addressing sexual dysfunction precipitated by emotional factors. QME report from November 2013 recommended supportive therapy 3 to 6 months and antidepressant medication treatment for one-two years. It was also stated that the use of Prozac was probably not an appropriate medication for her depression and that the frustration of confusion over unclear treatment course for her hip may have caused a psychological/psychiatric injury. A request was made for psychotherapy and reports for three months, and it was non-certified without modification. The rationale provided for non-certification was stated as: "it is unclear how many treatments (the patient) has had, but there is no indication of specific measures of objective functional improvement in the medical records... (she) has had treatment beyond the time period recommended by the qualified medical examination in psychiatry and given the clinical data; the request is not consistent with treatment guidelines." 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 and Reports for 3 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Stress chapter: Cognitive Therapy for Depression

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy, See also, psychological treatm. 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 Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) allows a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With respect to this patient, there was no indication of her total duration of

treatment that was provided. It does appear that she has received several years of regular and consistent psychiatric care. No treatment notes from her psychologist were found in the records provided. Psychiatric progress notes indicate a stable level of symptomology. Objective functional improvements, typically defined as increased activities of daily living and a decrease on dependency on future medical care was not evidenced significantly, although some more general improvements were mentioned. The request for three months of psychotherapy was unspecified in terms of quantity. A request for unspecified quantity of sessions for three months period of time is not supported as medically necessary based on the patient's duration of prior treatment, and insufficient evidence of objective functional improvement. Therefore the request is not medically necessary.