

Case Number:	CM14-0172454		
Date Assigned:	10/23/2014	Date of Injury:	03/24/2009
Decision Date:	12/02/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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:

The claimant is a 32 year-old female [REDACTED] with a date of injury of 3/24/09. The claimant sustained injury to her knee and later to her back as the result of climbing over an air vent to install surveillance equipment while working as a Loss Prevention Investigator for [REDACTED]. In the "Initial Consultation" dated 9/9/14, [REDACTED] offered the following impressions: (1) Chronic low back low back pain; (2) Knee strain; (3) Major depressive disorder; (4) Anxiety; (5) Pain disorder associated with psychological and general medical condition; and (6) Sleep disorders due to chronic pain. The claimant has received treatment including medications, physical therapy, back injections, TENS unit, rhizotomies, sympathetic blocks, psychotherapy, and biofeedback. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In a "Comprehensive Psychological Evaluation" dated 4/25/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, severe, without psychotic features; (2) Pain disorder associated with psychological factors and a general medical condition; (3) Insomnia related to chronic pain; (4) Social anxiety disorder; and (5) Posttraumatic stress disorder. Additionally, in his "Psychological Consultation Report" dated 7/25/14, [REDACTED] diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition; (2) Major depressive disorder; (3) Anxiety disorder, NOS; and (4) Polysubstance abuse in remission.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant first completed a psychological evaluation with [REDACTED] and [REDACTED] on 9/6/11. It is unclear as to what services were completed following this evaluation. The claimant was then evaluated on 9/26/12 by [REDACTED]. It is assumed that she participated in follow-up psychological services however, there are no records to verify. The claimant completed another psychological evaluation with [REDACTED] dated 4/25/14, which was referred by QME, [REDACTED] to be used in his reports. Lastly, the claimant was evaluated by [REDACTED] in June 2014. In his 7/25/14 report, [REDACTED] recommended "individual psychotherapy as outlined below, with relaxation training, cognitive therapy, behavioral management, biofeedback, and enrollment in a smoking cessation program. Further evaluation should include psychiatric consultation for psychotropic medication evaluation prior to the initiation of psychotherapy." In addition to this recommendation, [REDACTED] requested 12 twice weekly sessions of psychotherapy and 12 twice weekly sessions of biofeedback." The request under review is based on these requests. Because there are no records of prior treatment, the request under review can be considered a request for initial treatment. Although the claimant appears to need psychological services, the request for an initial 12 sessions exceeds the recommended guidelines. The CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks." The ODG recommends an "initial trial of 6 visits over 6 weeks." As a result, the request for "12 sessions of psychotherapy" is not medically necessary.