

Case Number:	CM14-0179087		
Date Assigned:	11/03/2014	Date of Injury:	06/02/2004
Decision Date:	12/09/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/28/2014

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 records that were provided for this IMR, this patient is a 59 year old female who reported an industrial injury that occurred on June 2, 2004 during the course of her employment for [REDACTED] as a clerk typist-II. The mechanism of injury was not provided. She reports constant low back and left knee pain. Medically, a partial list of her diagnoses includes: chronic low back pain status post posterior fusion at L5-S1 with hardware, chronic bilateral lower extremity cellulitis, and chronic left knee pain with severe osteoarthritis, chronic neck pain, and major depressive disorder, severe with anxious distress but no psychosis. This IMR will focus on the patient's psychological symptomology as it relates to the current treatment request. A treatment progress note from September 2014 from her primary treating psychologist states that she is continuing to participate in biweekly individual cognitive behavioral therapy. Treatment goals and interventions include "validation of clients feelings regarding her progressing health problems in future planning with the therapist providing empathic listening, cognitive behavioral techniques were reviewed and practiced cognitive reframing and discussed productive versus unproductive worrying." Current symptoms include moderate depression and severe anxiety related to medical problems. Functional improvements achieved include regular engagement and self-care behaviors, better socialization, and future planning. She reports daily use of techniques that she has learned and appears more relaxed and stress levels have decreased with some degree of increased socialization and decreased depression. The total number of treatment sessions she has received so far has not been provided. Medical records allow for some rough estimation of treatment quantity. Between 11/27/12 and 2/24/14 she had at least 20 sessions of individual psychotherapy. In addition, between March 2014 and September 2014 she appears to continue in individual psychotherapy 2 times a month, suggesting that another 14 sessions for a total of a minimum of 34 sessions however this may be

an underestimation. Psychologically, she has been diagnosed with: Major Depressive Disorder, Recurrent, Moderate Severity; Somatic Symptoms Disorder with Predominant Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended 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) allow a more extended treatment 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. With regards to this requested treatment, the patient appears to have already received a generous and lengthy course of psychological treatment. There is no documentation provided with respect to her treatment from the date of injury through 2012 but it's reasonable to suspect that she has received psychological care at some points during that time. The exact total of quantity of sessions that the patient has received during the most recent course of psychological care was not provided and could only be roughly estimated. From 2012 to the current request it appears that she has received at least 34 sessions of psychological treatment. Treatment guidelines suggest that for most patients, the course of treatment lasting 13-20 sessions maximum is sufficient. The medical records provided also reflect insufficient evidence of sustained objective functional improvements. No objective psychometric assessment measures of change were used, there was no mention of sustained increases in activities of daily living or the reduction in dependency on future medical care. Continued psychological treatment is contingent upon documented objective functional progress in treatment and indications that the treatment is leading to a reduction in future medical care. Treatment duration and quantity of sessions should fall within the recommended guideline range as stated above. Because medical necessity of the request was not established the original utilization review decision for non-certification is upheld.