

Case Number:	CM14-0183522		
Date Assigned:	11/10/2014	Date of Injury:	05/14/2010
Decision Date:	12/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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:

According to the records that were provided for this IMR, this patient is a 52-year-old female who reported a work-related injury that occurred during the course of her employment as a banquet server on May 14, 2010. The injury is noted to be a continuous trauma injury to her neck, wrists, left shoulder, with G.I. difficulties due to medications. She reports having severe pain especially while working part-time that can cause her to vomit and requires to sit down for a while using ice and heat. This IMR will focus on her psychological symptoms as they pertain to the requested treatment. She had a psychological evaluation on June 19, 2014. The date that she started psychological treatment was not specified. She reports depression experienced by being moody and down, irritability, anger, anxiety, and worry. Sleep is unchanged since injury and she denies suicidal or homicidal ideation. She has been diagnosed psychologically with the following: Mood Disorder Secondary to Medical Condition; Somatic Symptoms Disorder with Predominant Pain. It was recommended at that time that she begins psychological/cognitive behavioral therapy and biofeedback 6 sessions of each. Treatment goals were listed as: "mood stabilization, reduce somatic decision tendencies improve daytime functioning, teach behavioral skills to improve ADL and personal accountability, develop relapse plan." A "periodic treatment report" from September 16, 2014 reflects 5 sessions from the end of July through September 2014. Progress notes reflect "mood lability (reduced) somatic fears (improved) restrictions in daily living (improving) and social avoidance (improving). Progress note also states that "she is better able to manage her mood and increase in activities of daily living, anxieties decreased sleep is improving, energy is improving and there is reduced irritability." Beck Depression Inventory score was reduced from 25 in June to 12 (minimal). The patient has also received acupuncture and conventional medical care. A request was made for 6 additional sessions, utilization review rationale for non-certification was stated as patient has had prior

psychotherapy intervention and the nature and outcome of this intervention was not specified in the record review including changes and depression symptoms or function to substantiate the necessity of additional therapy. 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 1x/wk x 6 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.

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 the current requested treatment, the total number of sessions provided to date was not documented. It was estimated that in this current course of treatment she has had a minimum of 6 sessions, if she started in June, there was likely an additional 6 sessions provided. This could not be determined definitively. There was no documentation provided that indicated whether or not she had had prior courses of treatment between 2010 and June 2014. This information is needed in order to determine how much treatment she has already received. The medical necessity of the requested additional 6 sessions was not established based on the documentation provided. Current psychological distress was rated as minimal on objective measurement. The medical records did reflect very good benefit from the treatment she received with improved activities of daily living and coping skills and decreased depression. The medical records do discuss expected dates of treatment conclusion. The medical records do not specifically state what additional gains would be hoped for with additional treatment. MTUS guidelines suggest 6 to 10 visits over a 5 to 10 week timeframe. Assuming that she has had perhaps already 12 sessions, an additional 6 sessions would exceed those guidelines. Because medical necessity is not adequately established, the request is not medically necessary.