

Case Number:	CM14-0021511		
Date Assigned:	05/07/2014	Date of Injury:	03/19/2010
Decision Date:	07/10/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Health Psychology and Pain Management 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 independent medical review, this patient is a 48-year-old female worker who reported an industrial-occupational injury on March 19, 2010 during her normal and usual customary job duties. The injury is related to crush injury to her head/neck/shoulders when a door lift hit her on the head. She reports that she immediately felt pain in her neck between her shoulder blades and the sensation was cold and numb in the neck area and upper extremities and she was taken by ambulance to the emergency room. She has had cervical epidural steroid injections and conventional pain medication and medical therapies, assessment, and treatment. She continues to have bilateral shoulder pain, neck pain and low back pain. She reports experiencing tremors, gait disturbance, headaches, leg pains, chest arm neck pain, joint pain, stiffness, weight gain, and other medical problems. Psychologically, she reports symptoms of chronic pain syndrome, poor sleep, fear of re-injury, feelings of anxiety, anger, sadness, and depression. Her sleep is poor as she has to sleep often in a recliner propped up on pillows. She has inability to exercise vigorously, her main pre-injury coping skill, her social life is also diminished and she states a strong desire to go back to work and live a normal life engaging in activities she used to enjoy like dancing and riding a motorcycle but reports that as of right now is impossible. A psychiatric evaluation states that diagnostically she suffers from chronic anxiety and depression related problems that existed prior to her 2010 work injury and that the work accident seems to be exacerbating pre-existing psychiatric challenges. It also has diagnosed the patient with somatic symptom disorder. Psychiatric diagnoses include Somatic symptom disorder with predominant pain, persistent, severe; Major depressive disorder, recurrent episode, moderate, with anxious distress; and Post traumatic stress disorder with panic attacks following a 1994 assault and pre-existing long history of depression and anxiety dating back to 1994.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) COGNITIVE BEHAVIORAL THERAPY (CBT) SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress chapter, psychotherapy for Major Depressive Disorder page (June 2014 update).

Decision rationale: The rationale for providing a modification of the request of four sessions to allow for 3 sessions was made because the patient has already had an initial block of 4 sessions at the time of the utilization review decision. An initial trial of 5 sessions of cognitive behavioral therapy was already approved. With this modification, that would allow the patient and provider a total of 8 sessions as an initial trial for treatment effectiveness. The patient is struggling with Major Depression. The initial block of sessions that has been authorized does not appear to have resulted in significant functional improvements and that progress in therapy does not appear to be occurring based on the notes reviewed and the few sessions used to date. However, this patient is presenting with very complex psychological issues that involve pre-existing conditions being exacerbated by her current pain condition and struggle to adjustment to chronic pain condition. The MTUS guidelines are non-specific with respect to long term psychotherapy. They do specify up to 10 sessions of CBT if there is objective functional improvement. In contrast, the ODG guidelines for state that with respect to the use of psychotherapy for Major Depressive Disorder (MDD), which this patient has, if progress is being made, 13 to 20 sessions can be offered and furthermore if progress continues that up to 50 sessions (for severe MDD) can be provided. At this time, however, without evidence of more functional improvement, four sessions are not medically necessary.