

Case Number:	CM14-0024508		
Date Assigned:	06/11/2014	Date of Injury:	07/06/2011
Decision Date:	07/24/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 38-year-old female worker who reported an occupational related injury on July 6, 2011. The injury reportedly has components of causation that are both cumulative and specific. There are several prior industrial injuries that have contributed to the current one. Her condition is attributable to an incorrect ergonomic set up of her desk and workstation, neck sprain while lifting a child into a rear car seat in 2006, a work-related motor vehicle accident causing neck pain in 2006, a slip and fall injury in March of 2010, and most currently emotional stress and depression due to a difficult work environment. Her work has been in the field of protective services for [REDACTED]. This kind of work is generally considered to be highly stressful and in addition to the inherent stressful nature of her work there has been additional issues with a perceived hostile work environment. She has been diagnosed psychologically with Adjustment Disorder with mixed anxiety and depressed mood, chronic pain disorder associated with both psychological factors in a general medical condition, Female hypoactive sexual desire disorder, and an insomnia type sleep disorder. There is also an additional diagnosis of Psychological factors affecting medical condition. She has multiple areas of chronic pain including neck pain, shoulder and clavicle pain, pain, left knee pain and swelling, right ankle and swelling, left upper extremity pain, bladder and kidney dysfunction. Also complaints of gastrointestinal (GI) distress, headache, insomnia, and depressive symptoms. She has been exposed to extraordinary high levels of stress at work and what would be considered to be charges/accusations of racial bias and insubordination. A request was made for six additional sessions of individual psychotherapy, the request was non-certified. This independent medical review will address the requested to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY, 6 SESSIONS: 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-TWC), Mental Illness and Stress Chapter, Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress Chapter, Psychotherapy (June 2014 update).

Decision rationale: The utilization review decision under consideration to non-certify 6 sessions of psychotherapy without modification was based on insufficient documentation of progress from prior sessions numbering approximately 28 sessions. That the request does not meet the threshold for medical necessity based on the idea that insufficient functional improvement has been achieved. In addition, The Official Disability Guidelines (ODG) state that a maximum of 13-20 visits over 7-20 week. The request for 6 additional sessions exceeds the maximum allowed as she appears to have received at least 28 sessions as of December of 2013. The request for additional 6 sessions would bring her total to 34 exceeding the maximum amount. Some exceptions in rare cases can be made for cases with Severe Major Depression but based on this patient's symptomology, the patient would not meet that standard for extended treatment. Therefore, the six additional treatment sessions are not medically necessary.