

Case Number:	CM14-0035308		
Date Assigned:	06/23/2014	Date of Injury:	03/21/2002
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 Psychiatry 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 54-year-old female with date of injury of 03/21/2002. The mechanism of injury was repetitive activities with her neck, thoracic spine, bilateral wrists and hands while working as a machine operator. Report from 5/31/2013 lists subjective complaints as continued symptoms of anxiety and depression. Diagnosis of Adjustment disorder with mixed anxiety and depressed mood; Pain disorder associated with psychological factors and general medical condition and Psychological factors affecting medical condition were given to the injured worker. The PR-2 from 7/1/2013 suggests that mood is relatively stable, however minor stressors exacerbate anxiety related symptoms. PR-2 from 9/30/2013 suggests subjective complaints of depression, anxiety, sleep disorders, tearfulness, cognitive inefficiency, chronic pain and physical limitations. The PR-2 from 1/31/2014 suggests that injured worker has increased anxiety regarding her future. The objective findings indicate that psychological testing is focused on helping her use coping mechanisms effectively to avoid decompensation. The PR-2 suggests that she is not on psychotropic medications since insurance discontinued it. Report from 03/04/2014 indicates that injured worker has been seen for about 10 sessions, monthly sessions are being provided in times when her symptoms both physical and physiological symptoms interfere in her ability to function in the roles she wants.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Psychotherapy Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness Chapter, Cognitive Therapy For Depression.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). ODG Psychotherapy Guidelines recommend "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) . In cases of severe Major Depression or post-traumatic stress disorder (PTSD), up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker has received at least 10 individual psychotherapy sessions so far per report from 3/4/2014. There is no mention of objective functional improvement from the treatment so far. Request for 20 more psychotherapy sessions is not medically necessary at this time based on the MTUS and ODG guidelines. MTUS recommends total of 6-10 visits and ODG recommends 13-20 visits in total in case of functional improvement from the initial trial. Request for 20 more sessions exceeds the psychotherapy limits per both the guidelines.