

Case Number:	CM14-0040743		
Date Assigned:	06/27/2014	Date of Injury:	02/13/2008
Decision Date:	08/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

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 Licensed in Clinical 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 provided for this independent review, this patient is a 43-year-old female who reported an industrial/occupational work related injury on February 13, 2008. The injury occurred during her normal and usual customary duties in housekeeping, which is working in the laundry room and placing bedding on a high shelf when she lost her balance and fell to the floor approximately 3 1/2 feet. She landed on her back and on top of some pieces of wood, and felt immediate severe pain in her low back. Subsequently, she developed right shoulder and right knee pain. The patient reports bilateral shoulder and cervical spine pain with constant pain in the lumbar spine region. There are additional pain areas in her lower extremities. Because this is a request for psychological treatment, this review will focus primarily on the patient's psychological status. She has been diagnosed with major depressive disorder, single episode, mild; anxiety disorder not otherwise specified; female hypoactive sexual desire disorder due to chronic pain; sleep disorder due to chronic pain, insomnia type; and pain disorder associated with both psychological factors and a general medical condition; psychological factors affecting medical condition, headaches. Psychological progress treatment report from January 2014 noted that the patient has had progress towards treatment goals has evidenced by decreased frequency of suicidal ideation and mood remained stable of psychotropic medication and psychotherapy conventions and the six prior session sessions have been approved and completed for the year the total number of sessions since the date of injury was unknown. Psychological progress note from January 2014 reported that the patient is having sleep difficulties, excessive worry about a physical condition, difficulty remembering things and concentrating, nervousness and thoughts of wishing that she was dead without an intention or plan. The patient is tearful and emotional sad and anxious and tense. Progress note from February 2014 notes that the patient has reported improved motivation and mood inability to relax is in greeting techniques to manage stress. A

request was made for cognitive behavioral group psychotherapy one time a week for 12 weeks. A treatment plan mentioned goals of decreasing frequency and intensity of depressive symptoms, improved duration and quality of sleep, decreased frequency and intensity of anxiety symptoms and decreased frequency and intensity of suicidal ideation. Utilization review rationale provided for non-certification was that an initial six sessions should be offered rather than 12. This independent review will address a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy once per week for 12 weeks: Overturned

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), Mental Illness & Stress, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain and Depression, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Psychotherapy Guidelines (June 2014 Update).

Decision rationale: The utilization review decision to non-certify 12 sessions of cognitive behavioral therapy was based on the rationale that an initial set of six sessions should be offered. This is incorrect, as the patient has already started treatment, and has completed the initial trial of sessions, and has made functional improvements as reported in the medical charts that were provided for this review. According to the Official Disability Guidelines (ODG) for psychotherapy, after initial block of six sessions it is conducted as a trial if progress is being made, 13 to 20 sessions maximum can be offered. The utilization review mention that the patient has only had six sessions to date, with these additional 12 sessions will bring the total to 18. The maximum allowed as 20 therefore this would be within the guidelines. It should be noted that with these additional sessions the treatment will be reaching the maximum amount and should be concluded. In addition, there was no mention of the number of prior treatment episodes that were provided for this patient in prior years. Normally that lack of information would cause an automatic rejection of a request to overturn the non-certification, but because there was no indication that prior treatment episodes have occurred recently that with an incorrect; that any future treatment requests must include information regarding prior treatments as well as the total number of sessions provided. The request for psychological treatment is deemed medically necessary.