MAXIMUS Federal Services

Case Number:	CM14-0041167		
Date Assigned:	06/30/2014	Date of Injury:	02/27/2013
Decision Date:	07/23/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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:

Based on the records provided for this independent medical review, this patient is a 50 year old female who reported an industrial/occupational work-related injury on October 3rd 2013 when she suffered a serious and traumatic injury when a 10-foot tall ladder collapsed under her while she was on it. This occurred while she was engaging in an inspection of a roof during the course of her normal work related activities. She fell on concrete and has had significant difficulties since the injury including problems and pain in her right knee and left clavicle as well as fatigue, poor endurance and concentrating at work and damaged short term memory as well as word finding difficulty with vertigo associated with movement of the head and eyes. There were multiple left side rib fractures as well as a punctured lung and diaphragm; she has reported depressed mood and anxiety from loss of function and chronic pain, there is a history of pre-existing depression and anxiety prior to the accident. She has noticed significant changes in her personality and mood for example, she doesn't feel like interacting with people and is having difficulty finding humor in things that would have been funny before and in general is struggling with increased depression. A request for "psychotherapy session (60 minutes) as needed" was non-certified with a modification offered. This independent medical review is to address the request to overturn the non-certification/modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy session (60 minutes) as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT). Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive therapy for depression.

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, topic Cognitive Behavioral therapy psychothearpy guidelines page 8-9, June 2014 update.

Decision rationale: The nature of the request is somewhat unclear for this independent medical review, the way it is written and presented to me was "psychotherapy session (60 minutes) as needed." This request as it was written is not possible to authorize because with an unspecified number of sessions it would be essentially be approving psychotherapy treatment in an unlimited fashion, for example she could come in every single day for months on end. While I am certain that highly that this is not intentional, it is what would be authorized were I to overturn this request and approve it. In addition, it appears to me that the utilization review did offer a compromise modification that specifically allows for six sessions to be used within a specific time. My finding is that this modification, because it allows for specific number of sessions, is a correct modification. The treatment guidelines for psychotherapy differ somewhat depending on the reference used: The MTUS suggest a maximum of 10 sessions, which is often insufficient for treatment of a case like this, whereas the ODG treatment guidelines (see June 2014 update) allow for 13 to 20 visits maximum and in the case of severe depression, up to 50 sessions if progress is being made and documented clearly. It seems that this patient should be allowed the maximum 13 to 20 sessions (unless there is severe depression) and so far she has only had six sessions as of the date of this request: allowing six more sessions as the utilization review offered, would bring the total to 12 leaving additional 8 still available for her in the future if needed. It appears that she has had significant very significant physical injury and it is quite possible in the future that she's going to continue to need extensive care given that she is suffering from head injury-like symptoms. Despite the fact that I am not able to overturn the UR non-certification decision based on a technicality of the way it was written, I want to make it clear that this does not reflect the appropriateness of treatment for this patient. She should be offered every accommodation that is necessary for her.