MAXIMUS Federal Services

Case Number:	CM14-0043416		
Date Assigned:	07/02/2014	Date of Injury:	03/11/2007
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 review, this patient is a 31-year-old female who reported an industrial/occupational work-related injury on 3/11/2007. At that time, she was working at [redacted] as an assistant in the meat department when she reportedly sustained a cumulative work injury due to repetitive motion. There was also a specific injury and it occurred while she was moving a stack of boxes of frozen meat and a box fell on her hand and injured it. There are several other dates of industrial injury. She is being treated for right upper extremity pain, and psychologically is being treated for major depression. She is taking the medication Cymbalta 60 mg a day for depression. She has been diagnosed with reactive depression, chronic pain syndrome, and probable right upper extremity complex regional pain syndrome. An alternative diagnosis of Major Depression, severe was also noted. She is status post at least two surgical interventions and developed neuropathy pain syndrome in the right upper extremity following multiple right wrist surgeries. There is a note stating she has anxiety and depression component after her surgical interventions failed and that anti-anxiety medication has been helpful. In 2010 there was mention of a need for Psychological treatment and evaluation, which started soon after and continued in 2011, the number of sessions was not provided but appears to be weekly from January to August when more sessions were not authorized. A Psychological report from 2012 noted severe depression and a need for immediate treatment and that she had been seeing a Psychologist for treatment until June when the sessions were stopped due to no authorization. Biofeedback was also requested in 2012. More recently, a progress note from January 2014 mentions that her psychological treatment helps her to cope with her depression and chronic pain. There are several notes that the anti-depressant medication Cymbalta is helpful in decreasing her depression. A progress note from February states that her anxiety resolved but not the depression. A QME report from February 2014 states she has seen a psychiatrist weekly

since 2010, but this seems to be inaccurate. The same note states she has had counseling for the past two years for her depression, tearfulness, irritability, difficulty sleeping, loss of sexual interest and frustration; that she is often cries when thinking about how limited she is and that she does have some occasional anxiety. Also that her depression and anxiety have decreased due to her Psychological treatment. A request for six additional cognitive behavoral therapy psychotherapy sessions was made, and non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Cognitive Behavioral Therapy/Psych Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: Despite a comprehensive and thorough review of her medical record, it is unclear how many sessions she has had already. It is clear that the she had at least 24 sessions of weekly psychotherapy in 2011, and at least three more in early 2012. The therapy appears to have continued during 2013 and certainly again was being provided for part of 2014 on a weekly bases, but again the exact number of sessions is unknown and impossible to estimate. There is a lack of documentation. There were a few brief notes indicating she is benefiting from treatment but no specific details were provided. The patient appears to have exceeded the maximum amount of sessions per the ODG. Significant progress or functional improvements are unclear and she very likely has had more than 50 sessions to date. There is no treatment plan provided and in general documentation is insufficient to overturn this decision. Therefore, the request is not medically necessary and appropriate.