MAXIMUS Federal Services

Case Number:	CM14-0045157		
Date Assigned:	07/02/2014	Date of Injury:	12/18/2007
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 69 year old female reported an industrial/occupational work-related injury on December 18, 2007. On that date she had a slip and fall injury landing on her hands and knees: she hit her right arm, pulled back the right shoulder, there was significant injury to her knee, right shoulder, and low back. She is having pain that wakes her up at night. A second injury occurred when she was physically attacked, she was slugged in the right hip and experience severe pain in her right hip as well as pain radiating down the right leg, with emotional upset and resulting GI (Gastrointestinal) distress, chest pain, and shortness of breath. As a result of the attack she has had significant anger, depression, anxiety and diminished self-esteem. She has a diagnosis of adjustment disorder with mixed anxiety and depression, insomnia type sleep disorder due to pain, psychological factors affecting medical condition. She reports having stomach pain back pain joint pain, muscle pain general body pain in multiple areas including her knees, depression, and anxiety as well as sleep disturbance. A request has been made for an additional weekly psychotherapy treatment session 1 time per week for 20 weeks. The request was non-certified. This independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional weekly psychotherapy treatment one session per week for 20 weeks, per 10/13/14 form: Upheld

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 Treatment Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress.

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/Stress topic psychotherapy guidelines June 2014 update.

Decision rationale: This request for an additional 20 sessions of treatment one time per week was modified by utilization review to allow for 10 sessions once a week. This modification is correct and follows both the MTUS and ODG disability guidelines which state that patients should have an initial block of treatment sessions (3-4 for the MTUS, 6 in the ODG) to assess progress and functional improvement and that subsequent sessions can then be offered if they are determined to be medically necessary contingent on the patients response to the initial sessions. I carefully reviewed the notes that were provided for this independent medical review but they consisted of only 49 pages and I was not able to find progress notes or specific information about what has occurred during prior treatment sessions. It appears that one block of 20 sessions might have been already provided and that this is a second block. This matter is of important only because an initial treatment block should be for 3-4 sessions. Either way, it is my clinical impression that the modification for 10 sessions was appropriate. There are no notes that discuss the results of that first block of 20 sessions. There are notes that the patient attended an intensive outpatient treatment and has had ongoing psychiatric treatment. After the 10 sessions are completed, a review can be done to determine if further treatment is medically necessary. According to the ODG treatment guidelines for psychotherapy, 13 to 20 sessions total can be provided to patients, if progress is being made. If she has had 20 already then this additional 10 sessions would be a generous extension. Except in cases of severe clinical depression, and it is not clear if this would apply or not to this case; according to the ODG June 2014 treatment guidelines update patient a may have up to 50 sessions in cases of severe depression. Therefore, the request for Additional weekly psychotherapy treatment one session per week for 20 weeks, per 10/13/14 form is not medically necessary and appropriate.