

Case Number:	CM14-0046311		
Date Assigned:	07/02/2014	Date of Injury:	12/02/2009
Decision Date:	08/05/2014	UR Denial Date:	03/24/2014
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 Psychology and is licensed to practice in Texas. 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 injured worker is a 66-year-old female who reported an injury on 12/02/2009 due to a trip and fall accident. In a PR-2 report dated 01/31/2014, the injured worker reported daily wrist pain, stiffness, and weakness. It was noted that she was taken Skelaxin as needed, Motrin as needed, and Gabapentin. It should be noted that the PR-2 report submitted on 01/31/2014 was partly illegible. The injured worker had undergone psychological testing and her scores on the Beck Inventory suggested moderate to severe level of depression and moderate anxiety. Minnesota Multiphasic Personality Inventory -2 (MMPI-2) profile was found to be of questionable validity, suggesting extreme defensiveness and excessive use of denial and representation, the actual scores were not provided. She was diagnosed with major depressive disorder, single episode, severe. The injured worker was noted to not have resumed treatment and had only participated in 2 psychotherapy sessions since 03/2011. She did; however, consult a psychotherapist on 09/18/2013 and 10/02/2013. The treatment plan was for psychotherapy x20. The Request for Authorization form was signed on 02/27/2014. The rationale for treatment was to provide her with a better outlook on her current situation, post-injury, and make peace with her past experiences in the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty (20) Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 8-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The injured worker was noted to have a diagnosis of major depressive disorder and had reportedly attended previous psychotherapy sessions; however, the number of sessions was not provided. Her Beck Inventory score suggested a moderate to severe level of depression and moderate anxiety; however, the actual score was not provided within the medical records. There was a statement made that the injured worker would be undergoing cognitive behavioral psychotherapy during her psychotherapy sessions. The California MTUS Guidelines state that psychological treatment is recommended for appropriately-identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. In addition, for cognitive behavioral therapy screening for patients with risk factors for delayed recovery should be done, initial therapy for these at risk patients should be physical medicine for exercise instruction and using cognitive motivational approach to physical medicine, consider separate psychotherapy CBT (Cognitive behavioral therapy) referral after 4 weeks if lack of progress from physical medicine alone, with an initial trial of 3 or 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of 6 to 10 visits can be recommended. Based on the clinical documentation provided, the injured worker has not undergone courses of physical medicine as a treatment option. In addition, it was noted that she had already attended multiple psychotherapy sessions with no documented objective functional improvement. The documentation provided is lacking information regarding evidence of efficacy with the prior attended sessions. The request for 20 psychotherapy visits exceeds the guideline recommendations. Therefore, the request for twenty (20) Psychotherapy visits is not medically necessary and appropriate.