

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0047430 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 09/27/1999 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 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 that were provided for this independent review, this patient is a 67 year old female who reported an industrial/occupational work related injury on September 27, 1999. The nature of the injury has been described as continuous trauma. However there is also a note stating that it was caused by her pulling 150 files in an acute manner. She has had multiple surgeries as a result of her work injury. She continues to have neck, back and shoulder pain. The patient appears that she had a flare up of her chronic pain condition and depression in October 2013 and received some benefit from treatment with morphine. There was pain in her left leg although the right leg had improved. Although the pain had improved somewhat, the depression did not. There are conflicting diagnoses including Adjustment disorder with mixed anxiety and depressed mood, and alternatively: Depressive Disorder NOS, pain disorder associated with both psychological factors and a general medical condition, and psychological factors affecting medical condition, sleep disorder due to general medical condition, insomnia type and female hypoactive sexual desire disorder with a potential rule out considerations of prescription addiction and gambling disorder. A request for weekly psychotherapy treatment for 20 weeks was made non-certified; this independent medical review will address the request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy treatment for twenty (20) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT) 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, topic psychotherapy guidelines.

Decision rationale: The rationale provided for the non-certification of treatment was that there is insufficient information documented that sessions provided already have produced sufficient objective functional improvement needed to support the continuation of this treatment. Medical records indicate the patient has had 21 (or possibly 22) sessions of cognitive behavioral therapy in 2013, and an additional 5 sessions in 2014 bringing the total to 26-27. According to the official disability guidelines Jun 2014 update, patients can be offered 13 to 20 sessions maximum progress is being made. According to the records that I've reviewed she is already exceeded that by 7 sessions for this current treatment episode. Information about prior treatments was not included in the request and would be helpful in making future decisions. The request for an additional 20 sessions exceeds the guidelines substantially. I disagree with the UR statement that there was insufficient documentation of functional improvement, as there does appear some including improved feeling of overall general well-being and more energy and using less pain medication. However, because she has exceeded the maximum amount and does not meet criteria for an exemption (PTSD, Severe MDD), the request is not medically necessary.