

Case Number:	CM14-0055983		
Date Assigned:	07/09/2014	Date of Injury:	01/01/2010
Decision Date:	10/01/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 are provided for this independent review, this patient is a 39-year-old female who reported an industrial/occupational work-related injury during her normal usual and customary work duties while working at [REDACTED] where she worked as a stocker unloading and loading boxes and pushing carts loaded with products in the store. She reportedly worked for approximately six months when she started to experience pain in the low back and shoulders which increased every time she lifted heavy packages or had to bend down to stock shelves. She reports being assaulted and raped by the store manager on November 30, 2008. Medically, she has a diagnosis of bilateral wrist strain/sprain and rule out internal derangement bilateral wrists, and bilateral hand sprain/strain. Medically she bilateral wrist pain that's worse on the left side and it is secondary to carpal tunnel syndrome. She is status post right carpal tunnel release surgery. She reports ongoing chronic neck pain, right and left shoulder pain, low back pain, bilateral elbow and forearm radiating pain and bilateral hand/finger pain. Psychologically, the patient has been diagnosed with: Posttraumatic Stress Disorder with Panic Attacks, Major Depression Single Episode with Psychotic Features, and Cognitive Disorder Not Otherwise Specified. She has been undergoing psychological treatment two times per week for psychological issues since 2011 and continuing up to the date of December 12, 2013 and perhaps beyond that date as well on January 1, 2010 she was grabbing a tote that she thought was empty but it was not an contained wine bottles and felt a pop in her left wrist with a resulting burning pain and a bump sticking out of her wrist. A request was made for: "Psychological Visits", the request was non-certified. This independent medical 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:

Psychology Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: psychotherapy guidelines cognitive behavioral therapy, depression and PTSD, June 2014 update.

Decision rationale: According to the official disability guidelines for psychotherapy for the treatment of PTSD and depression, patients may have up to a maximum of 13-20 visits total of treatment that progress is being made. That progress is defined as objective functional improvements: a reduction in dependency on future medical care and an increase in activities of daily living and a reduction in work restrictions (if applicable). In my review of this patient's medical record I was not able to find evidence of objective functional improvement is clearly stated. More importantly this request cannot be approved because of a technical mistake that was made in making the request: The precise exact number of sessions being requested for psychological treatment were not provided. The independent medical review process is different than the utilization review process. One important difference is that no modifications of the request can be made it must be approved, or not approved exactly as it was written. Because this request is for unspecified number of sessions were to be approved it would be essentially approving unlimited therapy sessions in perpetuity until the patient's case is closed. For this reason alone additional sessions cannot be authorized in this manner because medical necessity is not established for unlimited sessions. However there is an additional issue and that is that the total number of sessions of the patient is already had to date, as well as the above-mentioned issue of documented functional improvement, was not provided. There was one note that I saw that the patient has been in treatment for over two years. According to the guidelines typically patients can be offered 13 to 20 visits. There is a note that in very severe to extreme cases of complex psychopathology that occasionally patients can receive up to 50 sessions if progress is being made in the treatment (i.e. objective functional improvement). By all accounts the patient is already most likely exceeded that number, although because the precise number of treatment sessions she has had to date has not been provided impossible to say that this is true with certainty but either way medical necessity has not been established for additional sessions based on the documentation that was provided. This is not to say that the patient is not having continued medical and psychological/emotional symptoms only that request is not been approved based on the documentation provided.