

Case Number:	CM14-0060607		
Date Assigned:	07/09/2014	Date of Injury:	02/06/2010
Decision Date:	09/05/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 provided records for this independent review, this patient is a 64-year-old male who reported an industrial/occupational injury on February 6, 2010 that occurred during the course of his normal work duties for [REDACTED], where he worked as a service technician for almost 30 years and had multiple industrial injuries during the course of his employment. At least six dates of injury were noted with an injury from 2003 requiring surgery to his left shoulder, and the most recent injury was to his low back and right shoulder while he was loading a 28 foot ladder back onto his work truck. He reports having low back, bilateral knee, and bilateral shoulder pain. He is status post at least six surgical interventions. A note from his primary treating physician from December 2013 indicates that he experiences depressive symptoms because he has not been able to find employment and has suffered a recent decrease in functional capacity after cleaning some carpets which caused a pain flare-up. Multiple different conservative and traditional medical treatments have been attempted with minimal impact. These include physical therapy, injections, aqua therapy, acupuncture, massage therapy. A psychological evaluation notes that the patient has increased depression and decreases in his ability to cope and manage with chronic pain and decreases in his activities of daily living and increasingly poor self-care and isolation. He reports having feelings of guilt and shame about not being able to provide for his family financially and finds himself crying about this. He has been diagnosed with: Depressive Disorder, NOS, moderate severity; Pain Condition Associated with Psychological Factors and a General Medical Condition. It is not clear if he had any psychological treatment that occurred after his completion of a functional restoration program in June 2013; but that he sustained a flare-up of his physical pain condition while scrubbing carpet and this resulted in an increased level of depression symptomology and precipitated his request to return for psychological treatment as an outpatient. Treatment goals were listed as providing

psychosocial support as he tries to reintegrate into the workforce and stabilizing his functioning as well as working on feelings of inadequacy and helplessness. A request was made for six follow-up visits with the psychologist for chronic pain. The request was non-certified; utilization review rationale was stated as: lack of documentation of unmet goals for residual issues requiring ongoing therapy, reason for the need for additional follow-up psychology visits was not provided, and the patient had therapy provided in his functional restoration program which he completed in the fall of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits with the psychologist times 6 for chronic pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23 to 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy Psychotherapy Guidelines, June 2014 Update.

Decision rationale: A utilization review treatment appeal letter from April 2014 states that the functional restoration program was back in June 2013 and that since that time he started to look for work and was unable to find any because of his diminished functional capacity and that this resulted in increased depression which now requires additional therapy. The letter further states that they are only requesting six follow-up visits with the goal of decreasing his depression so that he'll be more active in daily activities and more motivated to help him to better cope with his personal situation and reap the benefits of the functional restoration program. A psychological test result from March 21, 2014 notes that the patient's depression falls into the mild to moderate range and in the normal range for anxiety. The same report notes that the patient has never been in individual psychotherapy before, but he had group therapy treatment at the Northern California functional restoration program, and that the current recommendation is for individual psychotherapy. The information provided after the utilization review decision supports the medical necessity for six individual psychotherapy treatment sessions. They adequately made the case that the patient suffered a flare-up of his pain condition after engaging in moderate activity and this increases depression that was compounded by him being unable to find work and support his family. It also appears that the patient has not had any individual psychotherapy to date. Given the patient's long history of injury I would've liked to have found a definitive statement saying detailing his history of psychological treatment in prior years. According to the definition of functional improvement, which is the standard by which additional psychotherapy sessions can be provided, there needs to be either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. I was unable to find any individual session treatment notes from his functional restoration program that documented this one way or the other. I will overturn the utilization review decision based on the additional information provided in the appeal letter with the understanding that it is for individual therapy not group and that it is only for six sessions.

Any additional session treatment request does contain a detailed history of the patient's entire psychological treatment as it is still quite vague. This should be provided in a separate document that also details any objective functional improvements that have been derived from these six sessions. According to the official disability guidelines patients may have 13 to 20 visits if progress is being made (as defined as objective functional improvement). The number of sessions that he had in prior treatments if any and the functional restoration program must be more clearly documented moving forward. The request is medically necessary.