MAXIMUS Federal Services

Case Number:	CM14-0069482		
Date Assigned:	07/14/2014	Date of Injury:	01/27/2010
Decision Date:	08/11/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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 Board Certified 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 that were provided for this independent review, this patient is a 60 year old female who reported an industrial/occupational work-related injury on January 27, 2010. She was enaged in the normal and customary dutes of her work in the correctional system. The injury reportedly occurred when she was climbing a flight of stairs and is pushing the hatch that weighed approximately 40 to 50 pounds of her left arm she struggled and was unable to lift the hatch bush that halfway, and then fell one of her position against the stairs hitting her back against the staircase resulting in injury to her neck and low back. She is status post cervical fusion, and has a new disc herniated shun below the fusion. There is consideration of her having the surgery as she is reporting severe panic in terror related to the thoughts of this and is having suicidal ideation without a plan or intention. Psychologically, she has been diagnosed with pain disorder associated with psychological factors an industrial musculoskeletal injuries, in partial remission; depressive disorder NOS in partial remission, and several other disorders listed as in remission. There's a conflicting alternative diagnosis: major depressive disorder, recurrent, moderate. The request was made for six sessions of cognitive behavioral therapy and 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:

Individual Cognitive Behavioral Therapy x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, psychothearpy guidelines.

Decision rationale: The utilization review rationale is not medically necessary was stated as that the total number of prior sessions has not been provided, therefore can modification was offered for three visits. The patient had been doing well and until a flair-up occurred in December 2013 when she was removing her shirt and felt severe pain. Prior cognitive behavioral therapy has resulted in decreased somatic complaints, pain complaints, functional complaints, and depression. Progress note and mentions that the patient has been proactively working on achieving treatment goals, with improved mood and decreased negative thinking with more walking. Although the numbers of sessions that she is had to date is not been specified, there is a note stating that she has been in treatment for 1 years and is being seen one time per month for psychological treatment which she is described as a lifesaver she is taking Zoloft and Trazadone. Although I was unable to determine the precise number of sessions the patient has had to date, there was ample documentation of her treatment and positive outcomes and have benefited from it. The patient appears to be in an acute flair-up in facing another spinal surgery that is frightening to her. At this time, continued psychotherapy treatment appears to be medically necessary and most likely not exceeding treatment guidelines. It will be essential if there are further treatment requests that the total number of sessions being provided. According to the ODG guidelines patients may have 13 to 20 visits maximum except in cases of severe depression (see June 2014 update) in which case of the 50 sessions may be provided. The decision is to overturn the request for six sessions with a modification to allow the full requested six sessions.