

Case Number:	CM14-0072969		
Date Assigned:	07/16/2014	Date of Injury:	01/15/2010
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 provided for this independent review, this patient is a 49 year old female who reported an industrial/occupational work-related injury on January 15, 2010. Medically she has been diagnosed with complex regional pain syndrome, upper extremity. This was reportedly carpal tunnel surgery and spread bilaterally. She has been diagnosed with Major Depressive Affective Disorder, single episode, moderate. She has been prescribed, and is taking Cymbalta 60 mg, 1x 12 hours, delayed release. She has been participating in individual and group psychotherapy which has helped her with decreased anxiety and depression as well as social isolation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Psychotherapy Psych 2x6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Psychological Treatments; Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter, psychotherapy guidelines.

Decision rationale: The utilization review rationale to non-certified six sessions additional sessions of psychotherapy was stated that the number of sessions provided to date has not been clearly delineated and that although the provider has stated that the patient is making functional improvements they have not been clearly described; furthermore that the patient still appears to be tearful and depressed based on the most recent progress note. According to the ODG treatment guidelines for psychotherapy (June 2014 update), patients may be authorized for 13 to 20 visits if progress is being made; and for patients with severe depression or PTSD that additional sessions up to a maximum of 50 may be provided if progress is being made and is medically necessary. After reading this patient's medical chart as it was provided for this independent review I was able to find approximately six progress notes from the treating provider that reflected the patient's progress based on a limited number of sessions that she is had. And while I agree with the utilization review finding that the total number of sessions was not provided, and that objective functional improvements were not as clearly delineated as one would like, there was adequate documentation that the patient appears to be benefiting from her psychological treatment and that it is still medically necessary. The request for six additional sessions is not excessive and as best I can tell most likely would fall within the guidelines as stated above. Therefore the decision is to overturn the non-certification decision and to accept six additional sessions of psychotherapy treatment for this patient with the caveat that any additional requests for psychological treatment, if medically necessary, must include better documentation of the total number of sessions provided to date as well as more detailed description of functional improvements if any.