

Case Number:	CM14-0084286		
Date Assigned:	07/21/2014	Date of Injury:	11/10/2006
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Health Psychology and pain management 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 53 year old female reported an industrial/occupational work-related injury on November 10, 2006. On that date she was working in her normal and usual customary job duties as a special education instructor for [REDACTED], when she was on a step getting out of a van getting out and assisting a student who slipped and started to fall and in the course of so doing grabbed her shoulders, pulling on her, causing her to fall forward on her knee. Medically, she has been diagnosed with Degenerative Disc Disease, Chronic Low Back Pain Syndrome, and Lumbar Radiculopathy. Psychologically, she has been diagnosed with Major Depressive Disorder, Severe industrial related. She reports symptoms of depression, anxiety, stress, poor sleep, and poor energy, difficulty completing activities of daily living, low libido, and a mood that is characterized as preoccupied, sad, frustrated, and irritable. The areas of her body that hurt clued head, neck, both shoulders, right elbow, both hands and fingers, entire back, pelvis, bilateral thighs, knees, ankles and feet. There is a prior work related injury dated August 30, 2004 that occurred in the process of transferring a wheelchair bound patient injuring her shoulder. Psychological testing/assessment from May 2014 notes the patient is depressed and anxious, tends to overstate some of her psychological symptomology apparent cry for help and has a tendency to somaticize when she is stressed. An updated recent psychological report reflects a changed diagnosis from severe to moderate Major Depressive Disorder and added Pain Disorder Associated with Psychological Factors and a General Medical Condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions # 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: The patient has had multiple psychological evaluations/assessments, and none of them mentioned prior treatment. This is an important factor because if this is an initial treatment request, or a continuing one, the requests are handled differently. Given that her original psychological assessment was back in 2011 and she has had several industrial related injuries it seems very reasonable and likely that she has had prior psychological interventions and that the information was just not included in this report. The utilization review offered a modification of the request for eight sessions down to six sessions no rationale was provided for this. Also, there was no rationale provided for utilization review denial decision. According to the MTUS/ODG treatment guidelines for cognitive behavioral therapy and initial course of 3-4 sessions should be offered to determine whether or not the patient is benefiting from treatment and manifesting objective functional improvements. There was no indication in the patient's medical chart that she had had any prior treatment or any functional improvements based on prior treatment. The guidelines continued by stating that if the patient shows functional improvement they can have 13 to 20 sessions as long as progress is being made. If this request is for an initial start of a new treatment episode, then eight sessions would be excessive as the guidelines state that an initial course of treatment is required to document that the patient is benefiting from it and should consist of 3 to 4 sessions the case of the MTUS for up to six sessions in the case of the ODG guidelines. If this is an initial treatment request then the utilization review decision to non-certified but modify it to six was appropriate. If this request is for additional treatment then no supporting documentation was provided to demonstrate medical necessity based on functional capacity. The request is not medically necessary and appropriate.