

Case Number:	CM14-0088317		
Date Assigned:	07/23/2014	Date of Injury:	04/19/2012
Decision Date:	08/27/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/12/2014

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 54-year-old female who reported an industrial/occupational work-related injury on April 19, 2012. The injury reportedly occurred during her normal usual customary work duties as a registered nurse where she worked for approximately seven years and [REDACTED] prior to her injury. The injury reportedly occurred to her low back while catching a falling patient. She has a fracture at L3, vertebrae and loss of sensation. The low back pain radiates down her legs worse on the left side than the right and there is significant weakness in her lower extremities. She has been referred for psychological treatment due to her worsening mood. Conventional treatments have been provided, but have not been significantly substantial enough return her to her prior level of functioning. Psychologically, she states that she experiences "flashbacks" particularly about how she was treated after her injury. She notes worsening depression and anxiety and endorses symptoms of irritability, frustration, decreased self-esteem, fear, increased worry and stress, and has panic attacks on average twice a month. Prior psychiatric treatment included the use of the medication Celexa which she found to be helpful but had to discontinue lack of insurance coverage for it. She has been diagnosed with Depressive Disorder, NOS, high moderate severity with anxious features; and Pain Disorder Associated Psychological Factors and an Orthopedic Condition. A treatment plan has been documented in her chart: supported in gradual entry into daily exercise, pain pacing skills, self-hypnosis training to reduce reliance on medication and improve regulation of perceived, and cognitive behavioral therapy skills for reducing anxiety and depression. Treatment progress notes were provided for an initial block of four sessions in the specified that she has been demonstrating objective functional improvements including ability to walk further and increased commitment to exercising daily, pacing skills within the context of household chores. Request for aid additional sessions of cognitive behavioral therapy was made

and was non-certified. The patient had a trial of cognitive behavioral therapy but there was no objective evidence of functional improvement. This 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:

Psychotherapy sessions x 8: Overturned

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: psychological guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: The utilization review rationale for non-certification stated that there was no objective functional improvements recorded based on an initial trial of treatment. I reviewed the medical records carefully and found that, perhaps based on additional more recent records that in fact significant gains made from the patient's initial treatment trial as could be expected from such a short course of treatment. These gains included more physical activity, exercise and engaging in chores around the house, as well as improved mood, and using techniques that she learned to cope. In addition I was not able to find records suggesting that she has had prior treatment. This request is conforms to the official disability guidelines ODG June 2014 which state that a patient who is making progress in treatment may have up to a maximum of 20 sessions. There is significant psychological symptomology suggesting a need for continuing treatment. My conclusion based on a thorough review of her medical chart as it was provided to me is that the treatment being requested is medically necessary I'm overturning the non-certification decision.