

Case Number:	CM14-0089603		
Date Assigned:	09/19/2014	Date of Injury:	09/17/1996
Decision Date:	10/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 records that were provided for this independent review, this patient is a 62-year-old female who reported a work-related injury that occurred on September 17, 1996 during her normal work duties for the [REDACTED]. She has been diagnosed with: Major Depression Disorder, Single Episode, Moderate to Severe, Nonpsychotic; Pain Disorder Due To Both Psychological Factors and a General Medical Condition; Cognitive Disorder Not Otherwise Specified; Partner Relational Problem. The treatment progress note from January 2014 states that the patient has reached a functional level but remains vulnerable to regression when stressed in ways that are similar to her work trauma she experienced. For example having had a home robbery but she is making progress and is now able to sleep in her bed and go out after dark. The progress note also mentions that she continues to benefit from psychotherapy to assist in dealing with symptoms of depression as a consequence of her industrial injury. She continues to have symptoms of anxiety, exaggerated startle response, diminished energy and depression, flashbacks, social withdrawal, irritability, impaired concentration and memory, and periods of crying.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy; twenty-four (24) sessions (twice monthly for 52 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines, Mental Illness and Stress, Cognitive therapy for depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Psychological Treatment Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The medical records were carefully reviewed; however the medical records were incomplete. There was substantial missing information respect to the nature of the original injury in the course of her psychological treatment subsequent to the injury. It is unclear how many treatment sessions she has had and for how long of a period, it is unclear what her responses been to prior treatment sessions. Without knowing how many sessions she has already had to date and the response that she has had to them in terms of objective functional improvement which is defined as: an increase in activities of daily living, a reduction in work restrictions if appropriate (which in this case because the patient is retired would not be) and a reduction in the dependency on future medical care, it is not possible to accurately assess the patient's psychological treatment. There were approximately four progress notes from psychological sessions that were included they were handwritten and difficult to read and of limited use in documenting the medical necessity of this patient's treatment. Perhaps most importantly is the treatment request is for an excessive number of sessions. The request is for 24 sessions and it covers the entire year of treatment. According to the MTUS/ODG guidelines for psychotherapy patients who are making progress in their treatment may have up to a maximum of 13-20 sessions. This request exceeds the maximum amount but also negates the need for ongoing assessment of progress. Although the Official Disability Guidelines do not specify how frequently progress should be measured 2 to 3 months would be a normal course of treatment to warrant further evaluation of medical necessity rather than an entire year. Based on these factors, this request is not medically necessary.