

Case Number:	CM14-0095223		
Date Assigned:	07/28/2014	Date of Injury:	12/10/1987
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/23/2014

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:

According to the records that were provided for this independent medical review, this patient is an 80-year-old female who reported an industrial/occupational work-related injury on December 10, 1987. No details were provided with regards to the cause of her injury, or its impact on her psychological status. She has been diagnosed with Major Depression with Psychotic Features, Single Episode; Psychological Factors Affecting Medical Condition. Treatment progress note from her primary treating Psychologist from May, 2014 states that the patient is being treated for severe depression, panic attacks, and debilitating musculoskeletal pain. This note continues by stating that the patient has benefited by her treatment to help her improve her coping skills and level of adaptive functioning. And that her treatment was stopped because of no authorization at the end of 2013. Current ratings based on the Beck Depression Inventory are severe depression and moderate anxiety. There is a note that she has experienced a regression in her condition which led to increased depression she is more withdrawn and her level of adaptive functioning slipped. The note continues by saying that she is sorely in need of cognitive personal psychotherapy intervention. The treatment note continues that she is in a state where she is highly emotionally disturbed with anxiety, agitation, emotionally labile, and my mind is not functioning properly. Prior psychological treatment has included cognitive behavioral therapy techniques for having negative self-ascriptions, and feelings of hopelessness, and helplessness as well as crisis management. The treatment has helped her cope with her symptoms and diminished functioning but she has been regressing since her psychotherapy was ended last year. No information was provided regards to her prior treatment in terms of the total quantity of sessions received to date and specific detailed information about her response to that treatment. A request was made for 24 sessions of psychotherapy be held twice monthly for 52-

weeks. The request 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:

Psychotherapy; twenty-four (24) sessions twice monthly for fifty-two 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 - Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions: Psychological Treatment Page(s): 101-102.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, topic: psychotherapy guidelines, June 2014 update.

Decision rationale: According to the MTUS guidelines for psychological treatment, psychological treatment is recommended for appropriately identify patients during treatment for chronic pain. The official disability guidelines further clarify that patients may receive 13-20 sessions, if progress is being made in the treatment; and in cases of very severe major depression additional sessions may be offered up to 50, if progress is being made. This request for 24 sessions spanning a period of time of one year cannot be authorized regardless of the patient's need for Psychological treatment as it is nonconforming with the guidelines protocol. The guidelines specifically state that progress must be monitored, assessed, and provided details with respect to the concept of objective functional improvement which is defined as improvements in activity of daily living or reduction in work restrictions and a reduction in the dependency on continued medical treatment. Although there was mention in several places of objective functional improvement the information that was provided was not detailed enough to assess whether or not functional improvement has been occurring. While clearly the patient will not be returning to work so that is not an issue, authorizing treatment for an entire year does not allow for the ongoing process of providing updates about medical necessity and the patient's response to treatment. Regardless of the issue of functional improvement, this request for 24 sessions is excessive. A more reasonable request would be for 4 sessions, especially given that she's coming in only every other week. In addition, given the patient's advanced age and her statement that her brain is not working correctly there is concern that the patient may require a different form of treatment and maybe suffering from neurological issues possibly unrelated to her work injury. The request overturn the utilization review decision is not approved as being medically necessary. Therefore, Psychotherapy; twenty-four (24) sessions twice monthly for fifty-two weeks is not medically necessary.