

Case Number:	CM14-0127471		
Date Assigned:	08/15/2014	Date of Injury:	01/19/2012
Decision Date:	04/02/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32 year old female, who sustained an industrial injury on 1/19/12. She has reported pain in the back and right hip as well as injury to her psyche related to cumulative trauma. The diagnoses have included major depressive disorder, cervicgia and thoracic radiculopathy. Treatment to date has included chiropractic treatments, joint injections and oral medications. As of the PR2 dated 3/18/14, the treating physician observed intermittent crying when the injured worker discussed current life situations and difficulty concentrating. The treating physician requested cognitive behavioral psychotherapy x 12 sessions. On 7/21/14 Utilization Review modified a request for cognitive behavioral psychotherapy x 12 sessions to cognitive behavioral psychotherapy x 6 sessions. The utilization review physician cited the ODG guidelines for mental illness and stress. On 8/8/14, the injured worker submitted an application for IMR for review of cognitive behavioral psychotherapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index,

11th Ed. (web), 2013, Mental Illness & Stress, Cognitive therapy for depression Official Disability Guidelines-Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, cognitive behavioral therapy for chronic pain Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines, chapter Mental Illness and Stress, topic: cognitive behavioral therapy, psychotherapy guidelines. March 2015 update.

Decision rationale: According to a primary treating physician progress note from December 9, 2014: "patient reports going to [REDACTED] and getting psychotherapy. Current severe depression patient stop taking all medications due to side effects. Patient states she went through severe mood swings due to relationship problems attributed to a lack of sex drive and low back pain affecting intimacy." According to a psychological and behavioral evaluation from February 3, 2015 she reportedly experienced repetitive motion continuous trauma injury as a function of her work as a package assembler and reported constant threats from supervisors and harassment received from coworkers due to her physical impairments. She reports psychological symptoms of work stress connected harassment. It was noted that she was seen at [REDACTED] in [REDACTED] for psychological testing and was determined to have had maximum medical improvement and to be totally temporarily disabled on a psychiatric basis. She reports being depressed and despondent but that ongoing psychotherapy has been helpful. At the time of the February 3, 2015 report she had had approximately 20 visits and has been attending treatment since 2013 (month was unspecified and could not be determined) up until the time of the report. She reports that the therapy is helpful but could not remember her therapist's name. She was diagnosed with Major Depressive Disorder, moderate to severe and Anxiety disorder not otherwise specified. Treatment recommendations include a trial of Sertraline and continued psychological treatment for 6 months. A psychotherapy treatment progress note from January 27, 2015 was found and indicated that the patient reports continued feelings of sadness and depression but is walking more as was prescribed by her doctor and listening to more spiritual broadcast to help her maintain her faith and has increased her social interactions but is waking up in the middle of my crying and feels like she's on the edge of a panic attack noting that her loneliness is difficult to deal with. The therapy worked on using mindfulness practices and other cognitive behavioral techniques. Continued psychological treatment is contingent upon all 3 of the following issues being clearly documented: continued significant patient psychological symptomology, evidence of significant patient benefit from treatment including objectively measured functional improvements, and that the total quantity of sessions provided to date is consistent with the MTUS/ODG guidelines. The medical records do reflect patient symptomology and patient benefit from prior treatment, however the total quantity of sessions at the patient has received has likely already exceeded the maximum quantity recommended by the guidelines. Her treatment as been described as ongoing since sometime in 2013 through February 2015 at an undetermined frequency. Although an exception can be made in some cases of severe major depressive disorder or PTSD with substantial evidence of patient benefit from prior treatment, this case the diagnosis does not appear to meet that criteria fully. For example, no documentation of suicidal ideation, plan, or intention was readily apparent from the progress notes and reports that were reviewed. And her psychiatric symptomology is described as moderate in some places although in other places severe. Psychiatric medication appears to be being offered as a trial appropriately and may result in significant improvement. The request

itself for 12 sessions is a fairly large quantity given that she's already received the maximum. For these reasons the medical necessity of the request is not been established, because the medical necessity the request is not been established the request to overturn the utilization review determination is not approved.