

Case Number:	CM14-0187015		
Date Assigned:	11/17/2014	Date of Injury:	12/23/2010
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 a licensed Psychologist, 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 medical records as are provided for this IMR, this patient is a 51-year-old female who reported a work-related injury on December 20, 2010. The injury reportedly occurred during her work as a "commercial lines manager/insurance agent. On the date of injury she sustained a slip and fall accident with injury causing her to fall forward onto the concrete sidewalk landing on her arms and knees. Physical therapy reportedly aggravated her condition, and chiropractic care was discontinued when the doctor stated that her cervical spine was "too severe to be managed by chiropractic treatment alone". She describes pain and impairment of the following: neck, right shoulder, and low mid back, lower back and left Achilles tendon. She has been diagnosed medically with the following: herniated cervical disc; bursitis right shoulder; impingement syndrome right shoulder with radiculopathy into the right upper extremity. She is status post cervical discectomy fusion, August 2013. There are also the following medical diagnoses: right thoracic outlet syndrome, right ulnar neuropathy, and status post anterior cervical discectomy and fusion. This IMR will address the psychological symptomology as it relates to the current requested treatment. Progress notes from the patient's primary treating physician on April 1 and 29, 2014 states increased depression and anxiety and needs Psyche evaluation. A psychological evaluation was completed on July 22, 2014. She was diagnosed with Major Depressive Disorder, Unspecified Anxiety Disorder, and Possible Somatic Symptoms Disorder. It was unclear whether or not this is her first course of psychological treatment or there were prior attempts to provide psychological care. She reports symptoms of depression and anxiety, crying easily, loss of motivation with poor sleep quality and feelings of uselessness at times. Beck Depression Inventory score was 24 indicating moderately severe depressed depression and her Beck anxiety inventory indicates a score of 10 which is within normal limits. No follow-up scores after treatment were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining 8 of 12 Previously Requested CBT Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, 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: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With respect to the current requested treatment, the medical necessity of the request was not established. There was no indication of how many prior sessions the patient has had to date, including prior courses of psychological treatment if any. This information is needed to determine whether the additional 8 requested sessions falls within the above stated guidelines of 13 to 20 sessions maximum over a 7 to 20 week period of individual therapy if progress is being made. In addition, the requirement that the medical necessity be established with documentation of objective functional improvements based on prior treatment sessions was not met. There was no indication of sustained psychological benefit from prior sessions that was documented in the medical records that were provided for this review. Although 2-3 handwritten, partially illegible, psychological therapy treatment progress notes were provided, they did not contain sufficient information reflecting the nature of her cognitive behavioral therapy program and did not reflect adequate objective functional improvement and progress. The treatment progress notes do not indicate what aspects of cognitive behavioral therapy were being taught to the patient or her ability to cognitively behavioral therapy skills independently. No active treatment plan was presented with expected estimated dates of goal completion. Because of these reasons the medical necessity of the requested treatment was not established. Therefore the request is not medically necessary.