

Case Number:	CM14-0187218		
Date Assigned:	11/17/2014	Date of Injury:	12/22/2000
Decision Date:	01/06/2015	UR Denial Date:	10/10/2014
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 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 IMR, this patient is a 54 year old female who reported a work-related injury that occurred on December 22, 2000. There are several additional dates of other work-related injuries and claims. The original injury occurred during her normal employment work duties as a restaurant manager for [REDACTED] when a car struck the wall of her office and came through the wall and hit her desk and computer causing her to fall to the floor. She was taken by ambulance to hospital and was off work for one year and a half and treated with physical therapy. Patient reports pain in the cervical spine, left shoulder, let bilateral wrists, lumbar spine, and bilateral knees. There is hypersensitive bilateral shoulder pain radiating down her arms with severe wrist pain. She has been diagnosed medically with cervical sprain/strain; left shoulder internal derangement; right wrist sprain/strain bilateral carpal tunnel syndrome; lumbar disc disease with radiculopathy and musculoligamentous strain; status post left knee arthrogram and right knee internal derangement. The remainder of this IMR will address the patient's psychological symptomology as it relates to the current treatment request. She reports attending treatment with a psychiatrist due to severe depression and anxiety, and insomnia but denies suicidal/homicidal ideation. She has been diagnosed with major depressive disorder single episode, moderate and "other psychalgia." Treatment plan is listed as continue treatment one time a week for 12 weeks. She has been prescribed the following psychiatric medications: Fluoxetine 20 mg, and Mirtazapine 15 mg. Psychiatric note reports improved mood and decreased insomnia on August 4, 2014. An interventional pain management follow-up evaluation report from August 1, 2014 from her primary physician states: the patient denies having depression, anxiety, suicidal attempts or difficulty sleeping; although this appears to be inconsistent with a subjective notation by the same physician that states that she was tearful during the consultation due to severe pain. Requests for psychological treatment was found on

October and November 2013, March, April and June 2014. A treatment progress note from her psychologist states that they worked on tools and techniques that can be helpful in reducing pain and she was open to trying them. Another psychological treatment note from March 2014 states that the patient was very frustrated and angry about not receiving medical treatment authorizations. Patient discussed anger and a book she was reading on the topic. Treatment progress notes for psychological treatment were found for October and November 2013 indicating participation in psychological treatment. A request was made for individual psychotherapy one time a week for 12 weeks, the request was non-certified. This IMR 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:

Individual Psychotherapy 1 x Wk x 12 Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy. See also psychological treatment. 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 California Medical Treatment Utilization Schedule (MTUS) treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and Post-traumatic Stress Disorder (PTSD). The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: 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 regards to the current requested treatment, the medical necessity of the requested sessions was not supported by the documentation provided. There is no clear indication of how many treatment sessions the patient is already had to date. Current treatment

guidelines suggest 13 to 20 sessions are an adequate amount for most patients. It appears she has already had this amount but it was impossible to determine definitively. There is no indication of how long she's been having psychological treatment and what progress, if any, have been achieved/derived from prior sessions. The current requested treatment did not include a treatment plan with specific dates of expected or anticipated accomplishment of those goals. The treatment notes provided do not reflect or discuss the actual cognitive behavioral procedures used. The treatment progress notes do not mention helping the patient move towards independent psychological functioning or addressing the issue of independent psychological functioning. There is no objectively measured indication from prior treatment that she has sustained any lasting psychological benefit that has resulted in increased activities of daily living or decreased dependency on future medical care or reduction in work restrictions, if applicable. Treatment progress notes from her primary psychologist did not contain sufficient information of progress to warrant the medical necessity of continued care. There were no objectively measured indices of sustained symptom change. Due to these reasons the medical necessity of continued psychological treatment was not established. Because the medical necessity of psychological treatment was not established the requested treatment is not medically necessary and appropriate.