

Case Number:	CM14-0203758		
Date Assigned:	12/16/2014	Date of Injury:	04/03/1998
Decision Date:	03/02/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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:

This 70 year old female sustained a work related injury on 04/03/1998. The mechanism of injury was not made known. According to a progress report dated 04/30/2014, subjective complaints included anxiety, pain and fear, especially of the uncertain future. Objective findings included severe anxiety but with functional improvement in activities of daily living pursuant to possible future work. Severe back pain limited her. Diagnoses included adjustment disorder with mixed anxiety and depressed mood and psychological factors affecting medical condition. According to the provider, weekly cognitive behavioral psychotherapy, medication, biofeedback therapy, telephone consults and related psychiatric and social services would be necessary to treat the above conditions and symptoms. As of a progress report dated 10/09/2014, the injured worker continued to have neck pain which radiated into the bilateral lower extremities posteriorly. Pain was rated a 10 on a scale of 0-10 without the use of medications and was reduced to a 7 with the use of her medications. Current medications included Robaxin, Tramadol, Norco, Felodipine ER, Metoprolol Succ ER and Triamterene-hydrochlorothiazide. Physical examination revealed that the injured worker walked with a normal gait and had a normal heel-to- toe- swing-through gait with no evidence of limp. There was no evidence of weakness walking on the toes or the heels. A well healed midline incision was noted. In palpation there was no palpable tenderness of the paravertebral muscles bilaterally. There was no evidence of tenderness over the sacroiliac joints bilaterally, over the sciatic notches, over the flanks bilaterally or over the coccyx. Dorsalis pedis, posterior tibial pulses were present. Sensation to light touch and pinprick was intact in the bilateral lower extremities. Range of motion was decreased with flexion, extension, left lateral

bend and right lateral bend. Pain with range of motion was noted. Straight leg raise was positive on the left lower extremity. Assessment included left cervical radiculopathy, left leg radiculopathy and status post L4-5 fusion. According to the provider, psychotherapy helped with control of chronic pain, anxiety and depression. Recommendations included ongoing psychological treatment and ongoing pain management care, discussion of case with attorney, refill her medications, follow up in four weeks and random urine toxicology screening to verify medication compliance. The injured worker was permanent and stationary treating under future medical care. The number of psychotherapy sessions completed to date was not included. On 11/06/2014, Utilization Review non-certified; resume psychotherapy for control of chronic pain, anxiety and depression. The request was received on 10/30/2014. According to the Utilization Review physician, the previous number of completed sessions was not specified with this request to determine the medical necessity of additional treatment. There was no documentation of objective examples of functional improvement with the previous sessions. Guidelines referenced for this review included CA MTUS Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resume psychotherapy with [REDACTED] for control of chronic pain, anxiety, and depression:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple,

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain as well as psychological symptoms of depression and anxiety. It appears that she was participating in psychotherapy services with [REDACTED] however, there is limited information from [REDACTED] included for review. The most recent PR-2 report submitted by [REDACTED] is dated 5/31/14. In that report, the objective findings are listed as, "Patients anxiety moderate, demonstratable progress in relieving the psychiatric elements of the industrial injury. CBT utilized." Although it is mentioned that the injured worker has made progress, the progress noted is very generalized and not objective. Additionally, there is no information as to how many psychotherapy sessions have been completed to date. Without this information, further treatment cannot be fully determined. As a result, the request is not medically necessary.