

Case Number:	CM14-0208782		
Date Assigned:	12/22/2014	Date of Injury:	12/03/2003
Decision Date:	02/11/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/12/2014

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 Psychologist (PHD, PSYD), 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 provided medical records, this patient is a 63 year old female who reported a work-related injury that occurred on December 3, 2003 during the course of her employment for the [REDACTED]. There is a prior date of injury of April 25, 1994 when she slipped on liquid in the lobby of her work and was unable to stand up with immediate pain in her bilateral hands bilateral wrists and bilateral knees. Currently, she reports severe pain in her neck, right shoulder, right elbows, wrists, knees and low back. Medically, she is diagnosed with cervical spine sprain/strain with radicular complaints and status post anterior cervical disc fusion with postoperative dysplasia; right elbow cubital tunnel syndrome status post transportation; bilateral wrist/hand strain, carpal tunnel syndrome status post revision right carpal tunnel release and status post bilateral trigger thumb release; fibromyalgia; bilateral knee strain/sprain. This IMR will be focused on her psychological treatment issues. According to a PR-2 progress report from July 5, 2014 the patient's treating psychologist she appears extremely agitated, tearful, dysphoric, tangential and is having a hard time coping at work with her chronic back and sciatic pain. She is noted to be anxious with difficulty controlling frustration tolerance and coping mechanisms. Monthly outpatient psychotherapy sessions were approved to "reduce depression and anxiety symptoms, to increase and maintain daily activities, pain and stress management techniques, and to assist her with setting reasonable goals towards her return to full-time work. She's been diagnosed with Major Depressive Disorder, Moderate, with Anxiety (Improved). A similar treatment note from August 11, 2014 was found. There was no indication of how many sessions the patient has had to date or was there any indication of how the treatment is benefiting the patient in terms of objective functional improvement or otherwise on those two notes. Another treatment progress note from November 10, 2014 indicates that she has benefited from treatment and is demonstrating the ability to learn and maintain cognitive and

behavioral interventions provided in treatment, and is motivated to remain at work. An additional 5 sessions of outpatient psychotherapy is requested to help the patient "to assist in maintaining her work activities, to increase and maintain pain management skills, to reduce depression and anxiety symptoms and to increase and maintain daily activities." The request was modified by utilization review to allow for 2 additional sessions with "additional sessions needing to be supported with ongoing evidence of efficacy and continued need with more objective measures such as the Beck Depression scale BDI or Beck anxiety inventory or pain assessment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, twice monthly; 5 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

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 regards to the request for 5 additional psychological treatment sessions the documentation provided was insufficient to establish the medical necessity of the request. Although several detailed treatment progress notes were provided from the patient's psychologist, and these notes detailed significant symptomology and patient benefit from prior treatment, there was no indication of the total quantity and duration of her treatment. MTUS guidelines specify that for most patients 13-20 sessions maximum are sufficient over a 7 to 20 week period of individual sessions. In some cases of severe major depression/PTSD additional sessions may be authorized based on medical necessity and patient making progress and exhibiting benefit from treatment. Because the total number of sessions that the patient has received to date was not provided for consideration for this independent medical review, it was not possible to determine whether or not additional sessions fall within the above stated guidelines. In addition although treatment progress has been indicated there was no comprehensive treatment plan provided with expected/estimated dates of goals of accomplishment nor was there a plan discussing treatment discharge and winding down the patient's treatment and transitioning her towards independent psychological functioning. Treatment progress was not quantified with testing. Because of these reasons the medical

necessity of additional sessions could not be established, therefore the utilization review determination is upheld.