

Case Number:	CM15-0207816		
Date Assigned:	10/26/2015	Date of Injury:	02/26/2013
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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 53 year old female sustained an industrial injury on 2-26-13 after being assaulted. Documentation indicated that the injured worker was receiving treatment for depression, post-traumatic stress disorder, insomnia, carpal tunnel syndrome, temporomandibular joint syndrome and ulnar nerve compression. Previous psychological treatment included individual and group cognitive behavioral therapy, psychiatric care and medications. In a PR-2 dated 3-20-15, the injured worker reported that she was emotionally drained and having difficulty attending group meetings because she needed to take off work to attend. The physician stated that she needed to go back to psychiatric care. In a progress report dated 4-17-15, the injured worker complained of persistent pain, headaches and tightness in her jaw. The injured worker reported that her physical symptoms interfered with sleep. The injured worker stated that she tended to remain socially withdrawn. The injured worker felt apprehensive, sad, discouraged and worried. The injured worker was tense, nervous, fearful and hyper-vigilant. In a progress report dated 7-31-15, the injured worker reported an improvement in her emotional condition with treatment. The injured worker complained of persistent pain, sleep difficulties, problems concentrating, social isolation and fatigue. The injured worker reported feeling sad, unmotivated, tired and nervous. Objective findings consisted of symptoms of depression and anxiety with sadness, nervousness, bodily tension, difficulty concentrating and preoccupation with physical condition. The injured worker was somewhat over-talkative and appeared tired. The physician recommended ongoing cognitive

behavioral therapy individual psychotherapy once a week and follow-up every 45 days. On 10-12-15, Utilization Review noncertified a request for individual psychotherapy once a week and follow-up visit every 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, t time a week QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 7/23/13 and commenced individual psychotherapy at some point following the evaluation. There are several requested progress reports included for review dated February, April, May, July, and September 2015. Unfortunately, none of them indicate the number of completed sessions to date nor specific progress and improvements made from the completed sessions. Instead, the progress reports are generalized with progress being noted as, "Patient has made some improvement towards current treatment goals as evidenced by patient reports improved mood and ability to cope with stressors due to treatment." The most recent progress report dated 9/11/15, noted the progress as "patient awaiting authorization for future treatment. She was responsive to group psychotherapy and help more hopeful with treatment." Once again, there are no specific nor measurable outcomes of the unknown number of completed sessions. Without sufficient documentation to support the need for additional treatment, the request for an additional 8 psychotherapy sessions is not medically necessary.

Follow-up office visit every 45 days: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Office Visit.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 7/23/13 and commenced individual psychotherapy at some point following the evaluation. There are several requested progress reports included for review dated February, April, May, July, and September 2015. Unfortunately, none of them indicate the number of completed sessions to date nor specific progress and improvements made from the completed sessions. Instead, the progress reports are

generalized with progress being noted as, "Patient has made some improvement towards current treatment goals as evidenced by patient reports improved mood and ability to cope with stressors due to treatment." The most recent progress report dated 9/11/15, noted the progress as "patient awaiting authorization for future treatment. She was responsive to group psychotherapy and help more hopeful with treatment." Once again, there are no specific nor measurable outcomes of the unknown number of completed sessions. Without sufficient documentation to support the need for additional treatment, the request for a follow-up office visit that is to correspond to additional treatment sessions is not medically necessary.