

Case Number:	CM15-0022605		
Date Assigned:	02/12/2015	Date of Injury:	11/30/2006
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on November 30, 2006. The injured worker has reported a low back injury. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood and chronic and psychological factors affecting medical condition. Treatment to date has included transdermal creams and psychological evaluations. Current documentation dated September 14, 2014 notes that the injured worker was seen monthly for evaluations due to her grievance of the loss of her independent life and dependence on others, which exacerbates depressive symptoms. Treatment remains focused on helping the injured worker to maximize her independence given her limitations. No physical examination was noted. On January 7, 2015 Utilization Review non-certified a request for individual psychotherapy one time a week for 20 weeks, 52 minutes sessions. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 6, 2015, the injured worker submitted an application for IMR for review of individual psychotherapy one time a week for 20 weeks, 52 minutes sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1 x 20 for 52 min per session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 2015 update

Decision rationale: A request was made for 20 sessions of individual psychotherapy 1 time a week for 20 weeks. The request was non-certified by utilization review, the rationale was noted as: medical records reflect inconsistencies of diagnosis, primary care physician notes do not reference psychiatric complaints, insufficiencies and documentation of objective functional gains associated with prior treatment. Although specific gains are mentioned as needing to be consolidated in the treatment plan there is no specific information regarding what gains were achieved. A careful and thorough review of all the medical records that were provided for this request were considered. According to a PR-2 progress note from July 31, 2014 anxiety and depression persist and the patient is upset because of her inability to take care of her husband due to physical limitations and has feelings of uselessness and worthlessness. Diagnosis was listed as: adjustment disorder with mixed anxiety and depressed mood, chronic and psychological factors affecting medical condition. Treatment is described as "focused on helping patient to identify your strengths and abilities. If she can "do" something she feels useful and feelings of depression should decrease." The treatment progress notes contains no information regarding specific treatment goals that are measurable with estimated dates of accomplishment nor is there any indication of progress made in treatment prior to date nor is there any indication of how many sessions of therapy the patient has already received. According to a March 2, 2015 supplemental report response to the denial of treatment by utilization review, the treating psychiatrist mentions that the patient was reevaluated in the clinic on November 22, 2010 and has been participating in monthly individual psychotherapy and the patient reports that she would like to continue to see the therapist. It is noted she is also been receiving biofeedback training which she finds helpful when she can't breathe. She is discontinued psychotropic medication. Although psychometrics were reported including a discussion of the patient's current psychiatric status. And scores on various assessment instruments, there was no indication of how these data have changed as a result of treatment. There is a notation that the patient was seen for 7 visits in 2014 by the staff psychotherapist. However there is no discussion of how many sessions the patient has received in total since the date of her injury. The medical necessity of this request is not established by the documentation provided for this review. There was almost no information regarding the patient's treatment to date other than one or 2 progress notes. It wasn't possible to determine how much treatment she has had although it appears she has been involved in psychological treatment and care for many years. Although her total treatment sessions that she had was mentioned for 2014 there was no indication of what occurred in years prior. There was no detailed discussion of an active treatment plan with estimated dates of accomplishment. There was very insufficient information regarding patients objective functional improvements have been a direct result of prior treatment. Despite a note of rebuttal of the UR decision provided by the therapist these issues were not adequately addressed. Continued psychological treatment is contingent upon all of the following being documented sufficiently: significant patient psychological symptomology, total quantity of sessions provided to date consistent with

MTUS/ODG guidelines, and significant evidence of patient benefit as a result of prior treatment including objectively measured functional improvements. Because of insufficient supporting data the medical necessity was not established and the utilization review determination for non-certification is upheld.