

Case Number:	CM15-0081763		
Date Assigned:	05/04/2015	Date of Injury:	10/10/2007
Decision Date:	06/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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 36 year old female who sustained an industrial injury on 10/10/07 resulting in neck pain and anxiety. The mechanism of injury is not clear. She has recently (1/2015) been hospitalized for major depressive symptoms and two recent suicide attempts. She has had 10 psychiatric hospital admissions beginning in 1997. Medications are Deplin, atomoxetine, Brintillix, Topamax, Lunesta, Zofran, omeprazole, docusate sodium, multiple herbal supplements, Linzess. Diagnoses are major recurrent depressive disorder without psychotic features; borderline personality disorder; fibromyalgia. Treatments to date include medications, cognitive behavioral therapy, neurobehavioral therapy, eye movement and desensitization and reprocessing therapy. In a progress note dated 12/19/14 the treating provider recommends to complete course of Life coaching (██████████).

IMR ISSUES, DECISIONS AND RATIONALES

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

Life Coaching Focus on Possibilities, 2.5 Hrs/Week for 16 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation URL (www.ncbi.nlm.nih.gov/pubmedhealth/PMH0060613).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Neither the CA MTUS nor the ODG address the use of life coaching as a form of treatment for chronic pain, depression, or borderline personality disorder. As a result, the CA MTUS guideline regarding the use of behavioral interventions will be used as a reference. Based on the review of the medical records, the injured worker has been receiving numerous psychiatric and psychological services for the past several years, for which she continues to remain symptomatic. Interventions have included, inpatient hospitalizations, CBT and DBT treatment, EMDR, psychotropic medications, etc. It is also reported that she had engaged with a life coach as well. Despite the fact that the injured worker continues to remain symptomatic as well as experience periodic suicidal ideation, the need for additional treatment utilizing the same modalities, particularly with a life coach, does not appear reasonable or appropriate. It appears that the injured worker may require more intensive psychological services for which life coaching is not suitable. As a result, the request for 16 weeks of life coaching at 2.5 hours per week is not medically necessary.