

Case Number:	CM15-0231412		
Date Assigned:	12/07/2015	Date of Injury:	03/25/2008
Decision Date:	01/14/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/24/2015

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 62 year old female, who sustained an industrial injury on March 25, 2008. The injured worker has been undergoing treatment for anxiety disorder, mood disorder, rule out major neurological disorder due to multiple etiologies without behavioral disturbances, insomnia, psychological factors affecting other medical co-morbidities, and psychological factors affecting other medical conditions. According to psychological evaluation note of September 30, 2015, the injured worker's was having difficulty with comprehension, attention and concentration. The injured worker was a poor historian and was not able to provide any details needed to have a sound understanding about the history of the condition. The original injury was thrown into a wall hitting her head, right hand and back on the wall. The injured worker was sent to the hospital were the injured worker was traumatized by the hospital staff's inability to help her. The injured was referred for psychological treatment in 2012. The injured worker reported the psychotherapy was helping with coping with the distress, but it was discontinued by the insurance company for unknown reasons. The injured worker complained of headaches so bad she felt like her head was going to blow off. The injured worker was having pain in both feet, upper, mid and lower back, right shoulder pain and awaiting another surgery, excessive appetite, forgetfulness, struggles with making decisions, cries often, anxiety and extensive worrying, problems with concentration and problems with sleeping and feels hopeless about the future and feel angry about that. The injured worker was prescribed medications; however the injured worker was fearful of becoming addicted and only takes them as needed. This may account for the injured worker emotional ability and lack of stability. The treatment

plan recommendations was neuropsychological evaluation to identify an etiology for the cognitive deficits, 8 weekly sessions of psychotherapy and cognitive behavioral therapy program and ongoing consultation with an industrial psychiatrist to manage medications including proper use of antidepressants. The injured worker previously received the following treatments physical therapy, right hand surgery 2008, right shoulder surgery in 2009 and 2010; Lorazepam, Fluoxetine and Trazadone. The UR (utilization review board) denied certification on November 2, 2015; for psychotherapy psychological treatments times 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy psychological treatment once a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Health Chapter.

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 depression.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms of anxiety and depression secondary to her chronic pain that resulted from a work-related injury in 2008. According to the records, the injured worker has received an extensive amount of psychological treatment over the years. It appears that she completed an initial psychological evaluation with [REDACTED] in 2009 and received psychological services from [REDACTED], as well as psychiatric services at [REDACTED] until mid 2015. In his report dated 7/8/15, [REDACTED] indicated that the injured worker had been receiving monthly psychotherapy with [REDACTED] as well as psychotropic medication management services at the clinic since the initial evaluation in 2009. He reported that services were being denied as the clinic was not part of the network of providers. He recommended that the injured worker not be transferred to new providers due to the therapeutic relationship that had been developed over the past 6 years. He indicated that the injured worker remained psychiatrically fragile and in need of further treatment to prevent decompensation. It appears that [REDACTED] request to continue treatment of the injured worker was denied as she completed an initial psychological evaluation with [REDACTED] in September 2015. In the follow-up psychological evaluation report dated 10/16/15, [REDACTED] notes that the injured worker had received prior psychological services; however, the extent of the services completed was not accurately indicated. [REDACTED] recommended a course of 8 psychotherapy sessions, for which the request under review is based. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions, if progress is being made." Although the injured worker has received over 6 years of psychological services, it is clear that she remains symptomatic and in need of further treatment. However, the request for an additional 8 psychotherapy sessions is excessive given the amount of prior treatment. As a result, the request for "psychotherapy psychological treatment once a week for 8 weeks" is NOT medically necessary, it is noted that the injured

worker received a modified authorization for 6 psychotherapy sessions in response to this request.