MAXIMUS Federal Services

Case Number:	CM14-0126143		
Date Assigned:	09/05/2014	Date of Injury:	10/31/2012
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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 Board Certified in Psychology 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 records that were provided for this independent review, this patient is a 56 year old female who reported an industrial/occupational injury that occurred on October 31, 2012 while she was working for [redacted]. the injury occurred while she was working as a hotel stewardess for [redacted] and performing her regular job duties when she slipped and fell. When she fell, she hit her left arm into a door jamb and dislocated her left wrist and left elbow and has reported constant pain in the left elbow and left arm since then. The pain is described as constant and moderate intensity. She reports the pain as throbbing, dull, cramping, and burning, with skin sensitivity and abnormal skin changes with abnormal changes in temperature. She reports functional limitations in work duties, performing household chores, doing backyard work or shopping. She has been diagnosed with: Elbow Pain, Wrist Pain, and Lateral Epicondylitis. She has participated in general medical treatments and physical therapy. A psychological evaluation was conducted in July 2014 to assess pain coping skills, mood disturbance, and sleep disturbance. She reports worsening depression and anxiety since January 2014 and reports psychological symptoms of sadness, crying, irritability, anxiety, nervousness, anger, decreased self-esteem and self-worth; she feels sad because she's unable to work or help with family issues as before the injury and has lost a degree of independence and ability to be active. She struggles to complete household tasks and finds it very frustrating and difficult. She describes sleep disturbance waking up due to pain and anxious eating. She has been diagnosed with Psychological Factors Affecting an Orthopedic Condition. She had had no prior psychological treatment. A request was made for the patient to participate in 10 sessions of cognitive behavioral treatment conducted in Spanish. The request was denied, however utilization review authorized three sessions with the remaining sessions to be reconsidered based on the results of

the initial treatment trial. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral treatment 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 June 2014 Update.

Decision rationale: The medical necessity of psychological treatment for this injured worker has been established: she exhibits delayed recovery, and significant psychological symptomology in the form of depression and worry and difficulty adjusting to her medical condition. However, the medical necessity of the quantity of sessions that was requested (10 visits) and the need to follow the correct treatment protocol as recommended in both the official disability guidelines and MTUS was not established. Treatment guidelines recommend that an initial brief course of treatment is provided that consists of 3-4 sessions (MTUS) or up to six sessions (ODG), and that subsequent treatment sessions can be authorized contingent upon the patient demonstrating objective functional improvements as a result of the initial treatment trial. According to the official disability guidelines patients who are making progress in treatment can have up to a maximum of 13-20 visits over a 7-20 week period of individual sessions, if progress is being made. It states further that "the provider should evaluate symptom improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate." The purpose of allowing for a brief treatment trial at the outset of treatment is to determine whether or not additional sessions are medically necessary. The request for 10 sessions at the start of treatment exceeds the number/quantity of sessions that is recommended for an initial treatment trial, and therefore because the quantity is excessive and that negates the recommended protocol/procedure, the medical necessity of this request has not been established; and the original utilization review decision is upheld.