MAXIMUS Federal Services

Case Number:	CM14-0126556		
Date Assigned:	10/08/2014	Date of Injury:	05/01/2008
Decision Date:	11/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 licensed 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:

The claimant is a 60 year-old female [redacted] with a date of injury of 5/1/08. The claimant sustained orthopedic injuries to her neck, back, right shoulder, and wrist as well as internal respiratory and sleep injuries while working as a medical office manager for [redacted] The claimant is under the care of [redacted] however; their PR-2 reports diagnoses are illegible. In his "Agreed Panel Qualified Medical Reevaluation in Internal Medicine" dated 1/29/14, [redacted] diagnosed the claimant with: (1) Asthma/COPD; (2) Chronic insomnia; (3) History of obstructive sleep apnea; (4) History of sleep-related bruxism; (5) History of anxiety and depression; (6) History of hypertension; (7) Orthopedic problems: chronic low back pain, cervical disc disease, right carpal tunnel syndrome, right shoulder impingement/partial rotator cuff tear, right knee meniscus tear; and (8) History of lupus and/or Sjogren's syndrome, with chronic widespread pain and fibromyalgia. The claimant has been treated with medications, injections, physical therapy, chiropractic, and acupuncture. It is also reported that the claimant developed psychiatric symptoms secondary to her orthopedic and internal injuries. In his PR-2 report dated 8/1/14-8/31/14, [redacted] diagnosed the claimant with: (1) Major depressive disorder, single episode, severe; (2) Insomnia-type sleep disorder due to chronic pain; (3) Female hypoactive sexual desire disorder due to pain; and (4) Psychological factors affecting medical condition. The claimant has been receiving psychotropic medications as well as psychotherapy to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Individual psychotherapy 1 session per week (52 min per sessions) between 4/30/2014 and 9/22/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines

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 and on Other Medical Treatment Guideline or Medical Evidence: APA Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition (2010).

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has been struggling with chronic pain as well as internal injury exacerbation since her reported injury date of 5/1/08. She has also been experiencing psychiatric symptoms of depression including sleep and sexual issues secondary to her chronic pain. It was reported within the records that the claimant has been seeing psychiatrist, [redacted] since 2007, outside of the [redacted]. She has also been receiving psychotherapy services at [redacted] with [redacted], for quite some time. It is unclear from the records when the claimant began services at [redacted] however; [redacted] report mentioned an initial evaluation completed by [redacted] dated 12/9/10. Despite this information not being completely known, it is known that the claimant has completed at least 40 sessions this year. Given the claimant's injury date and the amount of therapy already completed, the claimant would be considered in the maintenance phase of treatment. The APA guideline indicates states, "for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely. During the maintenance phase, an antidepressant medication that produced symptom remission during the acute phase and maintained remission during the continuation phase should be continued at a full therapeutic dose. If a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered, with a reduced frequency of sessions." Given this information, a reduction of services would be expected. However, the claimant has continued to receive ongoing, weekly psychotherapy sessions, with the request under review continuing therapy at this frequency. Given the number of completed sessions to date and the fact that an additional 20 weekly sessions appears excessive, the request for "20 Individual psychotherapy 1 session per week (52 min per sessions) between 4/30/2014 and 9/22/2014" is not medically necessary.