

Case Number:	CM14-0131428		
Date Assigned:	08/20/2014	Date of Injury:	04/26/2002
Decision Date:	09/19/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 records provided for this independent medical review, this patient is an unknown year old female (age is listed as 46 but also 52 according to date of birth) who reported an industrial/occupational injury on April 26, 2002. No information was provided with regards to the nature of the injury. I was unable to determine any factors with respect to how the injury occurred. The patient has a diagnosis of complex regional pain syndrome of the right upper extremity and right shoulder, status post shoulder injury with multiple surgeries. Medically, she is also diagnosed with adhesive capsulitis right shoulder, right ulnar neuropathy, dysphagia with weight loss, sleep disturbance, depression, and mood disorder due to chronic pain and disability. There is also an indication that she has been diagnosed with anorexia. Was unable to find any mention of her formal psychological/psychiatric diagnoses although lists of her symptoms and mentions of depression (unspecified in terms of and intensity rating and whether it was a single episode versus reoccurring) were provided. A request was made for psychological treatment for depression, 12 visits, the request was noncertified. A progress note from her treating psychologist from June 2014 states that there is not much change in her overall status and that she remains depressed. The impact on her marriage has been substantial including in physical intimacy and her being unable to fulfill her roles and obligations as a spouse. The utilization review rationale for non-certification is that the patient has been in treatment at least since 2009 and has exceeded the maximum recommended guidelines for the quantity and duration of treatment and that documentation of objective functional improvements were not sufficient to meet criteria for continued medical necessity to warrant additional therapy. In a response to the non-certification from the patient's primary treating psychologist dated August 2014 it was stated that the non-certification is invalid because the utilization review psychologist had not reviewed the case since December 2013 and that the treating psychologist has been seeing the patient

every other week for continued support and maintenance until her case is settled. Treatment involves using the use of hypnosis to work on her pain but she was not able to replicate the reduction in pain outside of the office. That he remains very concerned about her weight which is indicated to be 72 pounds as well as her continued psychological status. That her ongoing depression only further adding as a complication to her existing medical disabilities and that the refusal to certify additional therapy is inappropriate and non-supportive of medical necessity. This independent medical review will address a request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Psychology Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, 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: psychotherapy guidelines, cognitive behavioral therapy for the treatment of major depression.

Decision rationale: I conducted a comprehensive and careful review of all the medical records as they were provided to me. I found multiple detailed treatment progress notes from the patient's treating psychologist. These were helpful; however, critical information was missing. For example there was no comprehensive psychological evaluation that was provided, in addition I could not find the patient's exact formally stated psychological diagnoses, I was unable to find a comprehensive treatment plan for the patient. When considering whether or not a patient should have additional sessions provided several factors come into play. First of all the total number of therapy sessions that a patient has had should fall within the guidelines provided in the MTUS/ODG. The ODG is far more generous than the MTUS, which allows for only 10 sessions. The ODG recommends that patients who are making progress in treatment may have 13-20 sessions maximum. In extremely rare cases of complex severe major depression and PTSD patients may have up to a total of 50 sessions maximum as long as progress is being made. It is clear that the patient has already greatly exceeded this maximum number allowed. The total number of treatment sessions she has had to date was not provided. But between April 2, 2013 and August 13, 2014 the patient apparently had 27 sessions, and there is a note stating that the treatment has been going on since 2009. It is unclear whether the frequency was one time a week in the beginning or twice a week as it is now but the patient has by my estimate had well over 100 sessions and probably much more. Therefore based on this fact alone I cannot overturn the non-certification. There are several other issues that also would not allow me to overturn the decision for non-certification. Perhaps most importantly is the issue of functional improvement. Objective functional improvement is defined very specifically as an increase in activities of daily living, a reduction in work restrictions (if appropriate), and a reduction in the need for future

medical treatment. I was not able to find an evidence for this. That said, the patient does appear to be in a state of chronic and continuous emotional distress. It also appears that in her therapy treatment there is been good work done to keep her stable by both her and the treating psychologist. Unfortunately, the presence of ongoing psychological symptomology is not the criteria that is used, it is based on the total number of sessions and duration of treatment as well as the evidence of objective functional improvement as defined above. The patient has been diagnosed with anorexia and her weight (now 78 pounds down from 83 pounds) appears to be of a serious concern to her treating psychologist, as it should be. However there was no mention of how this patient became injured. I was unable to find anywhere in her medical records what caused the injury and therefore was unable to determine whether or not this anorexia is industrial caused, or industrial aggravated, or is a non-industrial concern, either way it requires medical follow-up by a specialist in eating disorders whether it be outside of the work comp system or otherwise. Based on factors of quantity of prior sessions and minimal objective functional improvement documented (it might be present and not recorded), regretfully, I'm unable to overturn the decision for non-certification for additional psychological treatment.