MAXIMUS Federal Services

Case Number:	CM14-0131935		
Date Assigned:	09/03/2014	Date of Injury:	12/18/2007
Decision Date:	09/25/2014	UR Denial Date:	07/31/2014
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 clinical 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 medical review, this patient is a 69 year old female who reported in industrial/occupational injury on December 18, 2007 during the normal and usual work duties for [redacted]. The injury occurred during a slip and fall accident during which she landed on her hands and knees hitting her right arm and pulling her right shoulder; this resulted in injury to her knees, right shoulder, and lower back. At the time an MRI showed fractures and contusions. There was an incident in 2008 when she was slugged in her right hip by an assistant principal. She has a psychological diagnosis of Major Depressive Disorder, Recurrent, moderate severity with Post Traumatic Stress Elements. An alternative list of diagnoses were provided in 2013: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic; Insomnia Type Sleep Disorder Due To Pain; and Psychological Factors Affecting General Medical Condition. She reports having stomach, back, joint, muscle pains as well as fatigue, anxiety, depression, sleep disturbance, irritability, tearfulness, forgetfulness, and phobias. The treatment progress note from August 2014 notes that her back and bilateral knee pain has worsened and that it is interfering with her sleep. A request was made for 20 sessions of cognitive behavioral therapy to be held over a six-month period; this request was not approved. The utilization review rationale for non-certification was stated that the patient has had both group and individual therapy amounting to 40 sessions of psychotherapy over the past four years at a frequency of once every two weeks to maintain emotional stability and prevent deterioration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional cognitive behavioral psychotherapy, 20 sessions over a 6 month period: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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, June 2014 update.

Decision rationale: I conducted a thorough review of all the medical records as they were provided to me, the documents and medical records do not support a finding of continued medical necessity for this patient's treatment at this time. First is the notion that she has already exceeded treatment guidelines. According to the MTUS treatment guidelines for cognitive behavioral therapy patients can have up to 10 sessions maximum if they are making progress; according to the ODG treatment guidelines patients were making progress in treatment may have 13-20 maximum sessions, except in cases of very severe major depressive disorder/PTSD where up to a maximum of 50 sessions may be allowed if progress is being made. The medical records do not adequately reflect that the patient is making progress in treatment. Progress is defined as increased ability to function characterized by activities of daily living or reduced work restrictions (if applicable) and a reduced dependency on future medical treatments. The patient has been in therapy for a very long time it is very likely that the patient has greatly exceeded the number of sessions that were mentioned in a utilization review as being 40 sessions. According to the guidelines this request for 20 additional sessions would greatly exceed the maximum amount allowed even under the most generous suggestions. In addition it does not appear that the patient has the proper diagnosis to warrant the maximum amount which would require and necessitate a diagnostic classification of Severe Major Depressive Disorder. Medical records that I reviewed state that the patient has had Major Depressive Disorder, Moderate Severity; and in another place there was no mention of major depressive disorder but her symptoms were classified as an Adjustment Disorder. Due to insufficient documentation that the patient has been benefiting from functional improvements and due to the excessive amount of sessions being requested which greatly exceeds the number that is recommended (13 to 20) the finding of this independent medical review as the request is not deemed to be medically necessary based on the information that was provided and that the request overturn the utilization review decision is not approved.