MAXIMUS Federal Services

Case Number:	CM14-0139077		
Date Assigned:	09/05/2014	Date of Injury:	01/25/2011
Decision Date:	10/28/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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:

This patient is a 64-year-old female who reported an industrial/occupational injury that occurred on January 25, 2011. Another work comp injury was reported in 2005 for stomach problems as a result of chemical exposure; and on November 14, 2012 for a slip and fall accident. On that date of the recent claim, she was working as a Cook II for [redacted] (7 years work history). She reports being verbally abused and humiliated by a coworker. She was trying to earn a promotion to Chief Cook. A coworker, who was in competition with her, screamed and banged his hands on a table aggressively shouting that she should did not know how to cook and should not be working there. She felt shocked and terrified by his behavior, and reported feeling "down, inferior, demeaned, humiliated, careful, worthless, dizzy and nauseous." She cried in the bathroom until her husband could come to help her home. This report will focus on her psychological/ psychiatric symptoms as they pertain to the requested treatment. In 2011 she had a comprehensive psychological evaluation and was diagnosed with: Posttraumatic Stress Disorder; Female Hypoactive Sexual Desire Disorder due to PTSD and Pain; Sleep Disorder, Insomnia Type due to PTSD; Major Depressive Disorder and Pain; and Rule out - Pain Disorder Associated with Psychological Factors and a General Medical Condition. She was being treated for: Depression and Anxiety. She has been treated with the following psychiatric medications: Celexa, Restoril, And Trazodone, it is not clear if she is currently taking these medications as there are indications that authorization was not approved as of January 2014. A comprehensive psychological assessment/was conducted on February 2014. The patient reports: left knee pain, neck pain, shoulder pain and low back pain. She reports numbness in her fingers and difficulty with mobility as well as "depression and stress levels very high with sleepless nights and headache." Her psychological diagnosis profile was updated as follows: Depressive Disorder Not Otherwise Specified in Partial Remission; Sleep Disorder Due To Pain with Associated Anxiety

and Depression, Insomnia Type; Female Hypoactive Sexual Desire Disorder Due To Pain. The prior diagnosis of posttraumatic stress disorder was specifically deleted from her diagnostic picture and was also rescinded from the original diagnostic profile. She has been treated with an unspecified quantity of psychiatry and psychotherapy sessions. No treatment progress notes were provided from those sessions nor was there any specific objectively measure indices reflecting objective improvements that were directly attributable to those treatment sessions. The content of the treatment sessions was not detailed nor was the therapeutic interventions themselves described in sufficient detail to portray what transpired. There were no monthly treatment summaries or weekly progress notes of any kind that were provided for this IMR. Although there were summaries and short conclusions provided in lengthy psychological assessment reports that did not indicate specifically the duration or frequency of treatment, there was no indication of exactly how many treatment sessions the patient has had to date. She first received treatment in February 2011 it is unclear how long this course of treatment continued at what frequency or duration but it appears to have continued through 2012. It appears she also had some treatment in 2013 of unknown frequency all that was stated was that the treatment did "bring about improvement in her psychiatric condition... And that the applicant reported that she did receive psychotherapeutic counseling and psychotropic medications with good effect and significant improvement." It is unclear if she has had any psychological therapy in 2014, one note suggests that she has not since September 2013. A request was made for psychotherapy one time a month for 12 months, the request was noncertified. The utilization review rationale for non-certification was stated that the "current request exceeds guideline recommendations which indicate with functional gains from psychotherapeutic intervention an additional 6-10 sessions can be considered at this time the initial six sessions of the request would be reasonable to enable provider to assess patient clients and objective functional gains with respect to activity and decrease in depressive symptoms based on the June 2014 updates indicating severe levels of depression."

IMR ISSUES, DECISIONS AND RATIONALES

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

Pscyhotherapy 1xMox 12 mos.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological treatment, see also cognitive behavioral therapy Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines June 20 14 update

Decision rationale: According to the MTUS treatment guidelines psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. It includes goal setting, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, addressing psychological and cognitive functioning, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder. An initial course of treatment should be conducted as a trial to ensure that treatment failures cannot be identified early an alternative treatment strategies can be pursued if appropriate. This initial treatment trial typically consists of 3-4 sessions (MTUS) to determine if the patient responds with symptom improvement. Additional sessions may be offered if there is improvement up to a maximum of 13-20 visits over a 7-20 week period of individual sessions

(ODG). In cases of severe major depression or PTSD, up to 50 sessions can be offered if progress is being made. Progress is defined typically in terms of objective functional improvement: increased activities of daily living, a reduction in work restrictions, and a decreased dependency upon future medical care. Although the guidelines directed towards patients with pain more than the treatment of psychological/psychiatric illness that has resulted work-related situation, they are still applicable as reasonable general guideline. In this case, it is unclear exactly how much treatment the patient is had and whether or not it was psychological or psychiatric. There were no specific treatment progress notes from individual sessions nor were there any monthly treatment progress notes provided. Her past psychological treatments were summarized in broad strokes that did not describe specific details with respect to her response to treatment that would suggest that she has derived functional improvement as is defined above. In addition this request exceeds reasonable guidelines in that it is covering a span of time that is the equivalent of one year. The official disability guidelines state specifically that the provider should evaluate "symptom improvement during the process..." The request for one year's worth of treatment does not allow for ongoing assessment of medical necessity. The utilization review decision did allow for six sessions of continued follow-up care. Therefore the request is not medically necessary.