

Case Number:	CM14-0143372		
Date Assigned:	09/10/2014	Date of Injury:	07/07/2011
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/04/2014

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 Texas. 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 injured worker is a 66-year-old female with a reported date of injury on 07/07/2011. The mechanism of injury was noted to be from a fall down the stairs. Her diagnoses were noted to include adjustment disorder with anxiety and depressed mood and pain disorder due to a general medical condition and psychological factors. Her previous treatments were noted to include a psychological evaluation. The progress note dated 07/16/2014, revealed complaints of an irregular sleep routine. The injured worker reported it took her about 30 minutes to fall asleep and she would sleep through the night about 3 or 4 nights per week. The injured worker reported she received 4 to 5 hours of sleep per night, and reported feeling well rested and did not take naps during the day. The Epworth Sleepiness Scale was reported as 4, which was within the normal range. The complaints were noted to include right shoulder and upper extremity pain described as deep and aching, rated 5/10. The injured worker complained of low back pain described as a burning, numb-like pain, reported 04/10. The injured worker complained of headache, which was reported as 4/10. The injured worker complained of continued depression that was characterized by persistent anhedonia, social withdrawal, slowed mental processing and depressed mood. The injured worker reported feelings of disinterest in most activities, continued feelings of worthlessness as a result of her orthopedic injuries and lack of employment. The injured worker reported she felt lost and hopeless about her future. The provider indicated there were cognitive problems noted that included word finding problems in conversation, forgetfulness, and slowed processing. The mental status examination revealed impaired mental processing such as the inability to recite months of the year backward and variable short term memory. The provider indicated the injured worker's mood was glum and moderately depressed, but no evidence of cheerfulness and the injured worker reported slightly dysphoric and frustrated. The injured worker did not endorse suicidal ideation and noted she was glad to be

alive. The provider performed a battery for health improvement, 2 tests, which revealed somatic complaints that were higher than 93% of patients, which indicated the perception of severe illness symptoms. The injured worker endorsed 21 of the 26 somatic complaints; however, many of her reported complaints were directly related to her multiple injuries and conditions. The affective scales revealed an elevated level of anxious thoughts and feelings that were higher than seen in 94%. Her anxiety level was higher than that of the average patient in rehabilitation. Her personality tracer psychosocial environment may have also been playing a role. The injured worker reported a high level of physical symptoms, which suggested the presence of vegetative depression and autonomic anxiety. The provider reported that the injured worker had become more depressed since the last evaluation, and the presence of auditory hallucination like symptoms in the form of her regularly hearing her daughter's voice when she was alone in the home, and did not report the presence of command like hallucinations and hence, did not appear to be a paranoid component to the symptoms. The provider indicated if she was truly experiencing these symptoms that would indicate a clear worsening of her depression. The injured worker reported continued feelings of hopelessness and anhedonia and reported little to no interest in pursuing her usual activities as a result of her loss of occupation and continued orthopedic pain. The injured worker appeared to have a restricted level of social activity which likely contributed to her depression. The progress note dated 08/26/2014, revealed complaints of bilateral front headaches, bilateral shoulder pain and dizziness. The injured worker utilized a cane/walker for ambulation and a shower chair. The focused musculoskeletal/spine examination revealed tenderness on palpation on the right occipital groove and left arm. The shoulder abduction test was positive and muscle strength in the upper extremities was rated 5/5. The Request for Authorization Form dated 09/04/2014 was for supportive group treatment program to increase the injured worker's tolerance for limitations, decrease the effects of physical deconditioning, and to provide outlets for activities, and 12 outpatient psych treatments with the specified physician to treat her industrially related depression, anxiety, and anosmia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supportive group treatment program: Upheld

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

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, Group Therapy.

Decision rationale: The request for a supportive group treatment program is not medically necessary. The injured worker has had a psychological evaluation performed. The Official Disability Guidelines recommend group therapy as an option. Group therapy should provide a supportive environment in which the patient may participate in therapy with other patients. Current findings do not favor any particular type of group therapy over other types. The request for supportive group treatment program failed to provide the number of sessions requested. Therefore, the request is not medically necessary.

12 outpatient psych treatments with specified physician: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The request for 12 outpatient psych treatments with specified physician is not medically necessary. The injured worker has had a previous psychological evaluation performed. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatments incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The "stepped care" approach to pain management that involves psychological intervention has been suggested to identify and address specific concerns about pain and enhance interventions that emphasis self-management. The role of the psychologist at this point includes education and training of pain care providers and how to screen for patients that may need early psychological intervention. The guidelines state to identify patients who continue to experience pain disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The guidelines state if pain is sustained in spite of continued therapy, then intensive care may be required for mental health professions allowing for a multidisciplinary treatment approach. A psychological evaluation was performed; however, the documentation was not submitted within the medical records. The guidelines state that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom based outcome measures. The Psychotherapy Guidelines allow up to 13 to 20 visits over 7 to 12 weeks if progress is being made. The request for 12 outpatient psych treatments with specified physician exceeds guideline recommendations. Therefore, the request is not medically necessary.