

Case Number:	CM14-0147968		
Date Assigned:	09/15/2014	Date of Injury:	09/20/2010
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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 Board Certified in Psychiatry, 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:

Injured worker is a 44 year old female with date of injury 09/20/2010. Date of the UR decision was 8/14/2014. Mechanism of injury was identified as a cumulative work trauma to shoulders and upper extremities. Report dated 5/16/2014 listed psychological review of systems positive for depression, anxiety, stress, mood swings and difficulty sleeping. Report dated 7/28/2014 listed diagnosis of chronic adjustment disorder with anxiety and depression, sleep disorder associated with pain. It was documented that she continued to report symptoms of depression, anxiety, anhedonia, rumination, concentrating difficulties, and feelings of shame, consistent with a chronic adjustment disorder. She has been diagnosed with Depressive Disorder, Psychological Factors Associated with Diseases Classified Elsewhere, Insomnia due to Medical Condition Classified Elsewhere, and Female Hypoactive Sexual Desire Disorder due to Pain. She had been undergoing outpatient psychotherapy. The injured was authorized six sessions of Cognitive Behavior Therapy as an initial trial on 04/03/14. The submitted documentation does not provide any progress notes from the completed sessions. There is no information regarding the results of treatment so far, any objective functional improvement with the initial trial of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy one session per week times twenty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress, cognitive therapy for depression

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions).Upon review of the submitted documentation, it is gathered that the injured was authorized six sessions of Cognitive Behavior Therapy as an initial trial on 04/03/14. The submitted documentation does not provide any progress notes from the completed sessions. There is no information regarding the results of treatment so far, any objective functional improvement with the initial trial of therapy. The request is not medically necessary.