

Case Number:	CM14-0154493		
Date Assigned:	10/02/2014	Date of Injury:	12/27/2010
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 54-year-old female who reported an industrial/work-related injury that occurred on December 27, 2010. A prior injury occurred on July 16, 2008. The first injury was a slip and fall accident that occurred on a slippery floor at the hospital where she worked and she injured her left hip and left side. The most recent injury occurred when she was moving a heavy executive wooden chair weighing 40 to 50 pounds and had immediate pain in her low back. She currently reports significant pain in her right hip, lateral aspect, radiating into the proximal thigh and is worse with weight-bearing. Symptoms are described as severe. She has been diagnosed with spondylosis with myelopathy, lumbar; degenerative joint disease, hip, and chronic pain syndrome, and stable. She is status post left total hip arthroplasty September 2013. As of August 2014, there is still consideration of her having an additional surgery for her right hip. Her psychological diagnoses are somatic symptom disorder with predominant pain and depressive disorder not otherwise specified. A PR-2 from August 2014 states that the patient has depression, negative thoughts, poor self-esteem and reports being tearful, having a loss of interest in engaging in pleasurable activities and fatigue. The patient reports having no income and says she has been homeless the past year and a half. It is noted that she has been participating in individual cognitive behavioral psychotherapy on a bimonthly basis and has 18 sessions. The treatment interventions have consisted of reinforcing healthy behaviors including self-advocacy, engaging in pleasurable activities and socialization in order to decrease her depression and positively impact her mood. There are also notes that she has symptoms of anxiety and low self-esteem. Treatment to date has resulted in improvements in mood most days of the week and increased energy, socialization, and participation in positive activities and she reports a significant drop in her irritability. Future treatment was requested and would focus on reduction of emotional symptoms and cognitive

techniques, maintenance of treatment goals, and future planning and those future treatments are needed. Additional functional improvements were described as the injured worker is able to understand cognitive aspects of depression and reports better mood most days of the week, as well as starting to look for work which reflects the improved self-esteem that she has derived from treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

Decision rationale: According to the MTUS treatment guidelines for cognitive therapy, is 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. Treatment recommendations guidelines state that patients should have 6 to 10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines states that patients can have 13-20 sessions if progress is being made. Progress is defined as objective functional improvement, which is reflected by measurable progress and typically includes an increase in activities of daily living, a decrease in dependency on future medical care, and a reduction in work restrictions if applicable. With respect to this patient, good progress notes were provided that detailed the treatment that she has been receiving, and there appears to be some functional improvements based on her increased ability to go look for new work. However the total number of sessions at the patient is already received in this current course of psychological treatment is stated to be 18 sessions. It is unclear whether or not she has had prior courses of psychological treatment prior to the current one. The request for each additional 8 sessions would exceed the maximum allowed. Therefore, this request is not medically necessary.