

Case Number:	CM14-0160833		
Date Assigned:	10/06/2014	Date of Injury:	01/05/2005
Decision Date:	11/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 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:

The claimant is a 57 year-old female (██████████) with a date of injury of 1/5/05. The claimant sustained injury to her neck and upper extremities as the result of repetitive movements as part of her normal and customary duties while working for ██████████. In his "Consulting Physician's Progress Report" dated 8/8/14, ██████████ diagnosed the claimant with: (1) Cervical pseudarthrosis and loosened hardware at C5, C6, and C7 with lucency around the interbody cages. Additionally, in his PR-2 report dated 7/8/14, ██████████ diagnosed the claimant with: (1) Cervical strain, status post fusion with ongoing symptoms; (2) Status post anterior-posterior lumbar fusion with residuals; (3) Carpal tunnel symptoms; (4) Depression; (5) Internal complaints including high blood pressure; and (6) Weight gain. The claimant has been treated with medications, physical therapy, injections, fusion, and surgeries. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his RFA dated 5/7/14, ██████████ diagnosed the claimant with Depressive disorder, NOS. She has received psychotropic medications and psychotherapy to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions x 12 every other week for 24 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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 Chapter

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in January 2005. She has also been struggling with symptoms of depression for which she has been receiving psychotherapy from [REDACTED]. Based on the records, the claimant completed an initial psychological evaluation with [REDACTED] in November 2013 and completed 4 sessions with him from March 2014 through May 7, 2014 for which there are 3 notes available. It is unclear whether the claimant completed any prior treatment as it was noted in the UR determination letter dated 9/23/14 that she had however, there are no notes to confirm this report. In his 5/7/14 progress note, [REDACTED] reported that the claimant's "functional improvement has consisted of the patient leaving her home more often, even to take a brief walk to be outside, which diminishes her withdrawal. The examinee's subjective improvements have been noted in her increased GAF score and diminished depressive and anxiety based symptoms, as well as no crying spells and increased modulation of pain perception through stress management and distraction techniques." Given that the claimant was evaluated in November and has completed some psychotherapy for which there have been some improvements despite continued symptoms, the request for continued psychotherapy appears appropriate. The ODG recommends a total of up to 13-20 sessions. The request for an additional 12 sessions is within the recommended guidelines. As a result, the request for "Individual psychotherapy sessions x 12 every other week for 24 weeks" is medically necessary.