

Case Number:	CM14-0166411		
Date Assigned:	10/13/2014	Date of Injury:	09/13/2013
Decision Date:	11/13/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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 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:

According to the records as they were provided for this IMR, this patient is a 39 year-old female who reported an industrial accident that occurred on September 13, 2013. On the date of injury she was employed as a resource teacher (with a 6 year work history) for the [REDACTED]. The injury was reportedly caused by an out-of-control eight year old student who became aggressive and shoved her against a door with all of her strength, punched her in the stomach, and kicked her in the leg and continued to lunge at her for about 20 minutes. After the incident ended she had a panic attack in her car on the way home. She had uncontrollable crying and obsessive rumination. She returned to work a few days later with modified duties that did not involve interacting with children but had a panic attack prior to going back to work. There was interpersonal difficulties with the school's Principal. The patient was unable to return to the work environment due to the conflict with the child and Principal, and was overwhelmed, fearful and continued to have panic episodes, tearfulness, shaking, difficulty sleeping, and feelings of helplessness and hopelessness and eye twitches. She had been placed on Prozac for year and a half prior to the injury for unspecified reasons, presumably non-industrial. In March 2014 she ended up in the emergency room porting suicidal thoughts and being overwhelmed by her work situation. She has been attending therapy privately at [REDACTED] every other week. There is a history prior non-industrial psychiatric struggles including anorexia that necessitated hospitalization as a teenager and later episode of depression following a relationship break-up and postpartum depression in 2000. She has been diagnosed with the following: Major Depressive Disorder, in remission; Anxiety Disorder not otherwise specified (non-industrial); and Occupational Problem; Obsessive-Compulsive Traits. The patient had an AME psychiatric evaluation in September 2014 which with respect to treatment it was stated: "the patient is not in need of psychiatric treatment on an industrial basis." She has had unknown total sessions to date

of individual psychotherapy. It appears that she has had at the very minimum block of 12 treatment sessions and very likely has had an additional block of 10 sessions and perhaps more. Detailed treatment progress notes were provided for the 12 sessions. Although treatment session notes were provided and reflect goals of helping the patient to return to work helping her to cope with anxiety and feelings of low self-worth. Treatment plan includes helping her to identify thoughts of patterns of thinking that contributed to her feelings of low self-worth. She has also been followed with psychiatric appointments and these have revolved around medication adjustments. A request was made for additional psychotherapy sessions times six, the request was not approved. This IMR is a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy sessions times six (6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment, See Also Cognitive Behavioral Thera. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive Behavioral Therapy Psychotherapy Guidelines

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended 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 functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines recommend a somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With regards to this patient's request for additional treatment, the issue is of session quantity is involved. The total number of sessions that she has had to date was not provided. In one place it stated that she had had completed 12/12 sessions. Earlier progress notes refer to her having "2/10 sessions" suggestion a second block of treatment consisting of 10 sessions. In addition, it is possible that more sessions have been provided before the block of 10 but this also is unverified. At a very bare minimum it appears she's had 22 sessions. None of these estimates could be verified due to the lack of a cumulative total. If she only has had 12 sessions then she could receive 6 more if she has 22 as it appears then 6 more would exceed the maximum. Given that the best estimate is that she's had 22 sessions and the absolute maximum

for her diagnosis would be 20 she is already over the recommended quantity, and an additional six sessions would further that. There is the matter of the conclusion by the psychiatric AME that states that she is not currently in need of psychiatric treatment on an industrial related basis. The request for additional sessions appears to exceed the recommended maximum guideline for her diagnostic presentation and the supporting documentation does not adequately support the need to make an exemption based on symptomology, the original utilization review decision is upheld. The medical necessity of the request is not established.