

Case Number:	CM14-0170259		
Date Assigned:	10/20/2014	Date of Injury:	06/04/2014
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 provided for this IMR, this injured worker is a 29-year-old female patient who reported that occupational injury that occurred on June 4, 2014. Her injury is reportedly connected to her work at [REDACTED] as a payment posting supervisor. There is both an orthopedic and a work stress injury. Surgery for her shoulder and carpal tunnel are being considered. She presents with right arm pain and complaints of right wrist arm and shoulder pain radiating into the right neck causing tension headaches for the past year. She reports being on the computer all day at work causing her right finger to have tingling sensations and pain that gets worse at night. Type of injury is reported to be repetitive stress. This IMR will address her psychological symptoms as it relates to the requested treatment. The work stress injury is reportedly due to working 50 hour plus (sometimes over 60 hours) weeks in the context of staff shortage and increased workload that became overwhelming and unmanageable to her. She was told by her supervisor that she would be "socked in the face or punched in the throat" if she did not hit her quota. She reports having left work crying and was sick with a fever and was told that if she did not return the work she would be demoted because she was out sick. Additional incidences were reported. She has been psychologically diagnosed with: Generalized Anxiety Disorder; Adjustment Disorder with Mixed Anxiety and Depressed Mood. She reports mild to moderately severe anxiety and stress with intermittent frequency and that the symptoms are exacerbated by a supervisor at work. She reports mood swings and appears sad she reports poor sleep and denies suicidal ideation. Treatment progress note from her primary psychologist from August 2014 states: "patient continues to learn and implement coping skills, patient still depressed and anxious, treatment plan continue cognitive behavioral therapy six sessions." Another progress note from August 29, 2014 states: "patient reports that her pain level is the same. Patient reports that she is using her coping skills. Patient feels physically threatened by

her boss, still depressed and anxious." Treatment progress note from October 2014 notes that the patient continues to strive to decrease her stress using the coping skills learned in therapy and is showing improved affect. A request was made for cognitive therapy six visits. The request for additional treatment was non-certified; the rationale provided was that: "there is limited evidence of progress to include objective and functional improvement to support continued skilled care."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines (June 2014 update)

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) recommend a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With respect to this patient's treatment, the psychological and psychiatric progress notes that were submitted were insufficient in demonstrating the medical necessity of additional treatment sessions. The total number of sessions that she has received was not provided. It does appear that it might be less than the maximum guidelines recommend even with the additional six sessions being requested, but because there was no running quantity of her completed sessions, it was impossible to determine with any certitude. The status of her request to transfer to a less stressful working situation is unknown. No treatment goals specified with dates of expected accomplishment were provided; and there was very little evidence of achieving progress in treatment. Additional treatment sessions are contingent upon objective functional improvements and not solely on the patient having symptomology. The term objective functional improvements is typically reflected in increased activities of daily living, reductions in work restrictions if applicable, and a reduction in dependency on future medical care. Because these were not evidenced and the total length of treatment already provided was not known. Medical necessity of this request was not established and the utilization review determination is upheld.

