

Case Number:	CM14-0092307		
Date Assigned:	07/25/2014	Date of Injury:	09/30/2007
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/18/2014

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 50-year-old female who reported an industrial/occupational work-related injury that occurred on September 30, 2007. The patient reports the injury occurred over two different specific dates the first occurred when she was involved in a robbery that was occurring and was told to help subdue the robber who hit her on the back and the right forearm. The second occurred several months later when a 50 pound box of raisins fell on her shoulder from above. There are also reports of cumulative repetitive use injury on her left arm. She is status post four surgeries, and subsequently developed RSD. She reports electrical sensations in the left upper extremity and chronic bilateral arm pain. Her friends state that she looks depressed and she reports that at home all she wants to do is sleep. She reports symptoms of excessive sweating, headache, dryness of mouth, constipation, and shoulder pain. She has to hold her arm and protected and cannot lift anything. She reports significant anxiety about the future and worry; and significant depression stating that she feels like always crying and that she does not want to live anymore, and "I'm not worth anything" she rates her depression as a 10 on a 1 to 10 scale seven days a week. There are active thoughts of suicide and wishing she was dead and an attempt to take extra medication that was not completed because she was unable to find it. According to a psychological evaluation dated May 2014 she denied having ever seen a psychologist or psychiatrist. She has been diagnosed with: Major Depressive Disorder, Single Episode, Unspecified; Undifferentiated Somatoform Disorder; There Is Also a Rule out Consideration of Post traumatic Stress Disorder; and Schizophrenia Undifferentiated Type; Cognitive Disorder Not Otherwise Specified; and Somatization Disorder. In the same report a final diagnosis was mentioned as: Schizotypal Personality Disorder along with predominant depressive themes and mild mental retardation. The request was made for Cognitive Therapy x12 sessions, the request was not approved. Rationale

for non-certification was stated as that there was no indication of significant gains as a result of psychological interventions over the past six years, and that current evidence based guidelines support ongoing therapy only with evidence of objective functional improvement. This independent medical review will address 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:

Cognitive Therapy x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: I have conducted a comprehensive and thorough review of all the medical records provided to me. Given that the patient was injured over six years ago it is unclear if she has had or has not had any prior psychological treatment. There is conflicting evidence with respect to this issue. On one hand a recent comprehensive psychological report stated that she is not had prior psychological or psychiatric treatment; on the other hand there is a statement from the utilization review that there is a lack of documentation of objective functional improvement based on prior psychological treatment and that ongoing psychological treatment requires this. This piece of information is essential to making a decision on whether the patient may have additional treatment or this is a request for a new start of treatment. The requesting provider did not include any documentation about the rationale for why this treatment is being requested, or whether or not this is an initial treatment request or a continued treatment request. Although the psychological report that was included does document significant psychological symptomology that appears to warrant the medical necessity of psychological treatment. If this is request for an initial treatment program it is treated differently than if it is for continuing an ongoing treatment. Both the MTUS and the ODG psychological treatments are recommended, but an initial request should start with a trial of treatment consisting of 3 to 4 sessions (MTUS) or 6 sessions (ODG), and that subsequent sessions should be allowed if there is documentation of objective functional improvement based on this initial treatment trial. The request here is for 12 sessions which exceeds the maximum number that can be allowed. If this patient has not in fact had any prior treatment and that this is an initial treatment request, is my belief that it should be considered if the quantity of sessions is reduced from 12 to 4. However, additional documentation for the reason why treatment is necessary would have to be provided as well as her history of prior treatments, if any. The independent medical review process is an all-or-none process no modifications whatsoever of any kind can be offered. Therefore the request as it is stated for 12 sessions is not supported by the documentations that were provided, based on insufficient information regarding prior treatment history and the nature of this request. Therefore the request to overturn the utilization review non-certification cannot be approved.