

Case Number:	CM14-0213181		
Date Assigned:	12/30/2014	Date of Injury:	08/16/2010
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 provided medical records, this patient is a 61 year old female who reported a work-related injury that occurred on August 16, 2010 during the course of her employment for [REDACTED]. The injury is described as a continuous trauma injury that occurred between the dates of 7/1/1979-8/16/2010. A partial and incomplete list of her medical diagnoses include Multilevel Cervical Disc Protrusion and Cervical Radiculopathy, Chronic Lumbar Pain with Radiculopathy, Status Post Lumbar Surgery, history of Thoracic Outlet Syndrome, and bilateral wrist pain. This IMR will address the patient's psychological status as it relates to the current requested treatment. She has been diagnosed with the following psychiatric disorders: Major Depressive Disorder, Severe with Suicidal Ideation; Probable Psychophysiological Contribution to Fibromyalgia. According to the utilization review determination for non-certification of the request the patient has already received one year of group psychotherapy with the current psychology treating provider and previously 4 years with a different provider details were not provided. According to a treating physician's determination of medical issues and request for authorization report from November 6, 2014, subjective findings include psychiatrically based impairments of sleep, energy, concentration, memory, emotional control and stress tolerance. She has been prescribed Cymbalta and a Xanax for depression and anxiety. According to a group psychotherapy progress note from October 30, 2014, "the areas of focus include reducing self-blame connecting with other people solving problems of disability, maximizing quality of momentary experience and exercising faith to achieve peace." The group was focused on "examining the stress that exists in daily living and ways to manage the impact

of that on them with coping skills such as exercise meditation, cognitive reinterpretation and accepting faith etc." According to a report from the patient's primary treating psychologist dated January 15, 2015, and written specifically for this review, it is noted that the patient has "had in the course of the past 6 months of treatment just 6 sessions of group psychotherapy." The goal of additional treatments is to restore her level of activities of daily living functioning and to manage suicidal ideation. There is mention of helping her to obtain goals that she learned during a prior initial course of therapy that occurred a year ago. A request was made for 3 sessions of cognitive behavioral psychotherapy to be held one time a month, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three sessions of CBT psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy, psychological treatment Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update

Decision rationale: With regards to the current requested treatment, there was insufficient information provided to establish medical necessity of the requested treatment. Continued psychological treatment is contingent upon significant patient symptomology, evidence of the patient making progress in treatment as reflected in documented patient improvement that includes objective functional improvements, and that the total number of sessions requested is consistent with treatment guidelines. The official disability guidelines recommend that for most patients a course of psychological treatment of up to a maximum of 13-20 sessions is sufficient if there is evidence of improvement and progress. In some severe cases of Major Depression/PTSD an extended course of treatment may be offered up to 50 sessions. Although the issue of significant psychological symptomology appears to be sufficiently evidenced, the two remaining criteria were not supported with sufficient documentation. With regards to this current request, the total number of sessions provided to the patient to date was not stated. It was noted that she has "received 6 sessions in the past 6 months" this is not a cumulative total. According to the utilization review determination, the patient is received psychological treatment over course of many years. Because the total number of sessions that the patient has been provided to date was not clearly stated, it was not possible to determine whether the request is consistent with the above stated guidelines. In general, there was no discussion regarding the patient's course of psychological treatment over the past few years. In addition, there was minimal to no discussion of patient improvement as a result of prior treatment in the records provided. Objective functional improvements include increases in activities of daily living, reduction in dependency on future medical care, and a reduction in work restrictions if applicable. There were no quantifiable/objective data or assessment tools used for determining whether or not the patient has been benefiting and insufficient subjective discussion of patient improvement as a result of

prior treatment. Given that medical necessity was not established, the request is not medically necessary.