

Case Number:	CM14-0214581		
Date Assigned:	01/07/2015	Date of Injury:	02/05/2006
Decision Date:	02/24/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/22/2014

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 female patient reported a work-related injury on 02/05/2006. Additional dates of industrial injuries include: 04/10/2004, and 10/1/2003. According to a comprehensive psychiatric evaluation from October 4, 2012, she subsequently underwent lumbosacral surgery in 2009 as well as multiple surgeries including bilateral carpal tunnel and cervical spine. She has persistent pain in the neck, thoracic spine, low back, and left shoulder. This IMR will focus only on the patient's psychological status as it relates to the requested treatment. She has been diagnosed psychologically with the following disorders: Anxiety disorder not otherwise specified, Depressive disorder not otherwise specified, Dependent trait disturbance, moderate. According to a November 20, 2014 request for authorization from the primary treating psychologist, as a result of prior treatment the patient is continuing to cope with her chronic pain condition and is engaging socially in a manner that diminishes her chronic pain and depression. She has reportedly benefited significantly from her psychotherapy on a subjective, objective, and functional basis. She was severely depressed with suicidal ideation and while she is still depressed this has improved. Functionally she was withdrawn socially and preoccupied with disability and loss but is now more engaging socially and less irritable. There has been improvement in self-esteem and feelings of worthwhile mess. There is no current evidence of suicidal ideation. According to A January 5, 2015 request for extension of treatment by her treating psychologist, the patient is tearful and fears not being able to pay her rent. According to the utilization review decision for partial certification, the patient has received 42 sessions of psychotherapy to date with significant benefit. A request was made

for 12 sessions of psychotherapy, the request was modified by utilization review to allow for 8 sessions with the remaining 4 sessions non-certified. This IMR 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:

Twelve sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1, Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy; see also, psychotherapy treatment. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 measurable/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) allow a more extended treatment 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 regards to this request, the patient has received according to the utilization review report, 42 sessions to date. According to the official disability guidelines for cognitive behavioral therapy psychotherapy guidelines most patients maximum treatment or 13-20 sessions is sufficient however in severe cases of major depression or PTSD, additional sessions can be offered up to a total of 50 maximum. The utilization review determination allowed for an additional 8 sessions that would bring her total treatment quantity to 50 sessions. This is the correct decision based on accepted guidelines and offers her a generous course of treatment. This request for an additional 12 sessions would exceed the guidelines recommendation by 4 sessions over the maximum that is offered only in the most severe situations. Because the request exceeds the recommended quantity maximum is not found to be medically necessary on that basis. Because medical necessity is not established, original utilization review determination is upheld.