MAXIMUS Federal Services

Case Number:	CM14-0217214		
Date Assigned:	01/07/2015	Date of Injury:	09/21/2007
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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 reported a work-related injury that occurred on September 21, 2007 as the result of repetitive motion. She reports chronic pain in her shoulder, neck, with headaches, anxiety, joint pain, and right hand pain. This IMR will focus solely on the patient's psychological symptomology as it relates to the current requested treatment. According to a treatment progress note from the patient's primary treating therapist on September 26, 2014 she reported feeling "a little better" with improved mood and increased level of exercise including attending Zumba 4-5 times a week and strengthening exercises. She also reports a decrease in anxiety and improved nutritional habits. Treatment session focused on exploring distorted thinking patterns in social settings and occupational settings and addressing anxiety issues. According to the therapist, the patient's psychological treatment has benefited the patient in the following ways: decreased somatic complaints, pain complaints, depression and anxiety with increased tolerance for work functions, strength and endurance, and reliance on other forms of treatment decreased. An earlier treatment progress note from the same provider from July 29, 2014 stated that: she was tearful depressed and anxious with restricted range of affect and feelings of hopelessness with fear of her financial situation and ongoing problems related to her medical situation. There was a notation of no change in her status in depression, anxiety, pain and functional complaints, or somatic complaints. It was also noted that her work tolerance has remained the steam but her reliance on other forms of treatment decreased. A request was made for additional cognitive behavioral therapy, 4 sessions to further development of pain coping skills and solidify gains; the utilization review decision was to not authorize the

request because there was "limited documentation to indicate how many visits the claimant has had to date and the objective gains made throughout those visits. Without a clear history of prior treatment, continued services are not supported."

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional cognitive behavioral therapy x4 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 (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines, Page(s. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 2015 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 recommend 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) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. Additional sessions can be offered up to 50 maximum in some cases of very severe major depression or PTSD, however this case it was not an indication that this would apply. 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. With regards to the current requested treatment, the medical records provided do not support the request for additional psychological treatment. Continued psychological treatment is contingent upon the following: evidence of significant patient psychological symptomology, documentation of objective functional improvements based on prior treatment, and the total number of sessions requested following within the above stated treatment guidelines. In contrast to the utilization review determination, the documentations provided did establish that the patient has benefited from prior treatment, but there was insufficient information documenting the total number of sessions that she received to date. Because it is not clear how many treatment sessions she has already received, it could not be determined whether or not the request for additional treatment is consistent with guidelines. Treatment session quantity was listed as a function of the number of sessions authorized rather than a total cumulative quantity that she has received since her injury. The medical records that were provided suggest she has received only 4 sessions to date, if this is accurate then she would be eligible for additional sessions based on the above stated guidelines. However, given that her injury occurred in 2007 and that it appears that the treatment session notes reflect a course of psychological treatment that is already in progress and that there has been prior sessions before the ones that were included for consideration as a part of this review, it is assumed that she has had more than for treatment session so far. Because this information was unclear, additional

treatment cannot be supported as medically necessary, because the medical necessity of the request was not established, the utilization review determination for non-certification is upheld.