

Case Number:	CM15-0115913		
Date Assigned:	06/19/2015	Date of Injury:	03/22/1994
Decision Date:	07/23/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/16/2015

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:

The injured worker is a 61-year-old female patient who sustained an industrial injury on 03/22/1994. A primary treating office visit dated 12/19/2014 reported subjective complaints of with continued total body pain, chronic fatigue, problems sleeping, significant pain and stiffness. She reports that physical therapy was not approved; prior sessions have been beneficial. She states that now it is getting difficult to drive with the pain and stiffness. A request for a new mattress was also noted denied. Objective findings showed 12plus trigger point tenderness. She was diagnosed with myalgia and myositis, and internal derangement, knee. The plan of care involved: continuing with Cymbalta, Lorazepam, Glucosamine and Chondroitin, physical therapy session and continued recommendation for an adjustable mattress. She is to remain off from work duty through the next visit. The patient has been following up with continued psychiatric outpatient sessions. Another primary treating office visit dated 04/18/2014 reported no changes to the subjective complaint, treating diagnoses, or the objective findings. The plan of care showed the patient utilizing a topical compound cream, Lorazepam, chondroitin and Glucosamine added to regimen, and the patient is noted stopping work as there is no modified work available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (4) , 1 every 6 weeks for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her work-related injury in 1994. She has also struggled with psychiatric symptoms secondary to her physical injuries and chronic pain. She has been receiving psychiatric medication management services from Dr. [REDACTED] and psychological treatment from Dr. [REDACTED]. It is unclear from the submitted records as to the number of completed psychotherapy sessions to date. In the most recent psychotherapy progress report dated 4/29/15, it is noted that the injured worker continues to be symptomatic. However, there is no mention of the number of completed sessions nor is there much detail about the progress and improvements that have been made because of the services. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. It further indicates that for "severe cases of Major Depression or PTSD, up to 50 sessions if progress is being made." Lastly, it suggests that "the provider should evaluate symptoms improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate." Unfortunately, the submitted documentation fails to provide sufficient information to substantiate the need for additional treatment. As a result, the request for an additional 4 sessions (once every 6 weeks for 24 weeks) is not medically necessary.

Beck anxiety inventory (4), 1 times every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter BDI-II.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her work-related injury in 1994. She has also struggled with psychiatric symptoms secondary to her physical injuries and chronic pain. She has been receiving psychiatric medication management services from Dr. [REDACTED] and psychological treatment from Dr. [REDACTED]. It is unclear from the submitted records as to the number of completed psychotherapy sessions to date. In the most recent psychotherapy progress report dated 4/29/15, it is noted that the injured worker continues to be symptomatic. However, there is no mention of the number of completed sessions nor is there much detail about the progress and improvements that have been made because of the services. Unfortunately, the submitted documentation fails to provide sufficient information to substantiate the need for

additional treatment. Since there is not enough information to support additional treatment, there is no need for any psycho diagnostic measures. As a result, the request for use of the BAI 4 times (once every 6 weeks) is not medically necessary.

Beck depression inventory (4), 1 time every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter BDI-II.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her work-related injury in 1994. She has also struggled with psychiatric symptoms secondary to her physical injuries and chronic pain. She has been receiving psychiatric medication management services from Dr. Friedman and psychological treatment from Dr. Panofsky. It is unclear from the submitted records as to the number of completed psychotherapy sessions to date. In the most recent psychotherapy progress report dated 4/29/15, it is noted that the injured worker continues to be symptomatic. However, there is no mention of the number of completed sessions nor is there much detail about the progress and improvements that have been made because of the services. Unfortunately, the submitted documentation fails to provide sufficient information to substantiate the need for additional treatment. Since there is not enough information to support additional treatment, there is no need for any psycho diagnostic measures. As a result, the request for use of the BDI 4 times (once every 6 weeks) is not medically necessary.