

Case Number:	CM14-0028099		
Date Assigned:	07/18/2014	Date of Injury:	09/10/2008
Decision Date:	08/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 review, this patient is a 34-year-old female who reported an industrial/occupational work-related injury on 9/10/2008. No details regarding the cause of the injury were provided. She reports persistent pain in her right shoulder and to a lesser extent in her left shoulder. She is status post right shoulder arthroscopic surgery. In terms of her psychological symptoms, the patient has been diagnosed with Pain disorder associated with both psychological factors and a General Medical condition (right upper extremity pain s/p occupational injury); Generalized anxiety disorder; Major depressive disorder, single episode, mild (increased to moderate in march 2013); and Histrionic personality traits. An alternative diagnosis of an Adjustment disorder with anxiety, chronic was also provided. Subjectively, the patient reports depression, anxiety, difficulty with attention/concentration, self-esteem, anhedonia and lack of energy. She has been participating in cognitive behavioral group therapy for depression. A request was made for six sessions of individual psychotherapy treatment, and was not granted; this independent 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:

PSYCHOTHERAPY (DEPRESSION, ANXIETY) 1X6: 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, MENTAL ILLNESS & STRESS.

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: psychotherapy guidelines, June 2014 update.

Decision rationale: The utilization review rationale for not granted six sessions of psychotherapy was that the patient had been approved for six visits of medication management, and six sessions of group therapy for the same symptoms and that the reasons for an additional request for six visits of individual therapy was not provided. In trying to determine the patient's past psychotherapy experience, a progress note from March 28, 2013 was found stating that she had nine sessions of cognitive Behavioral Group therapy and in those sessions progressive muscle relaxation was taught. A psychiatric progress note, also from March of 2013, reports no significant change in her reactive mood (depressed with decreased libido) but that there has been improvement with slightly less anhedonia and avolition and slightly better energy, attention and concentration, with fluctuating self esteem. Group psychotherapy CBT notes from April 22, 2014 state that the patient has had four sessions and that the treatment has focused on psycho-educational and acceptance strategies as well as mindfulness techniques. The patient's progress in treatment was simply stated as that she is benefiting from group therapy and should continue to attend no further details were provided. I was unable to determine from the scatter notes what progress, if any, the patient has made as a result of her treatment. There is also unclear exactly how many sessions she has had other than it appears that there were three sessions in 2014 and perhaps a nine sessions in 2013; but it is possible, and even likely, that more were provided. According to the California MTUS, guidelines for cognitive behavioral therapy patients may be offered a maximum of 6 to 10 sessions; and according to the Official Disability Guidelines treatment guidelines for psychotherapy a maximum of 13 to 20 visits may be offered if progress is being made. It is not clear if she has reached the maximum number yet. After a careful consideration in review of the patient record I agree with the utilization review statement that justification for request and both group therapy, and individual therapy, was not adequately provided for this review. It appears that the group therapy has been addressing relaxation techniques like progressive muscle relaxation but there is no statement with respect to how the individual sessions would differ from the group sessions; and thus, although this may be inaccurate, the individual sessions because of a lack of information appeared to replicate the group sessions with no clear distinction of what the additional benefit would be. In addition, the patient's progress to date has not been delineated with enough detail to support a finding that she is making progress and demonstrating functional improvements as result of the treatment, she has already received. Due to not enough information, the request is not medically necessary.