

Case Number:	CM13-0031261		
Date Assigned:	12/04/2013	Date of Injury:	04/07/2010
Decision Date:	03/26/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and pain management 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 physician 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 medical records provided for this independent medical review (IMR), this patient is a 64 year old male worker who reported a cumulative injury on 4/7/2010. The reported injury to his back arose from his work as a housing specialist/inspector for the [REDACTED], possibly aggravating a prior injury. He reports severe lower back pain with radiation to the He has received surgical treatment and general medical pain management, has been prescribed Cymbalta, Xanax, Wellbutrin and other Psychiatric medications as well as opiate and non-narcotic pain medications. It appears that some hardware used in a surgery became infected and had to be removed. A diagnosis of Depressive Disorder, NOS has been recorded. The depression manifests itself in the form of difficulty with motivation for most activities including treatment, for example a gym membership has gone unused and therapy appointments skipped. There are also strong feelings of hopelessness and helplessness with periodic suicidal ideation w/o plan/intention. Anxiety, guilt, headache and insomnia were also mentioned. The request for individual and group psychotherapy one session a week for 16 weeks was denied; this IMR will address a request to overturn the denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL AND GROUP THERAPY WITH [REDACTED] 1 X 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions: Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter.

Decision rationale: My review of these medical records reveals a patient who is reporting significant pain, depression and has resulted in limitations in activities of daily living. It appears that was has been treated with psychotherapy from 2/8/11 to 10/29/12 and again received psychotherapy in 2013 as well as a comprehensive psychological evaluation. The Guidelines for providing cognitive behavioral psychotherapy show a maximum of 10 sessions and the maximum allotment requires demonstration of functional improvement, this maximum has been surpassed. Under the slightly more generous general psychotherapy guidelines listed in the ODG up to 20 sessions could be provided if objective functional improvement has been documented based on an initial trial. Here too the maximum number of sessions has also been exceeded already. Thus the non-certification denial for treatment has to be upheld. This is not to say that this patient could, or could not benefit from additional psychotherapy treatment, only that the maximum session number as be already used.