

Case Number:	CM13-0033194		
Date Assigned:	02/12/2014	Date of Injury:	06/10/2004
Decision Date:	07/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Clinical 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:

Based on the medical records provided for this independent medical review, this patient is a 44-year-old male, who reported an industrial/occupational work-related injury on June 10, 2004. He is status post disc replacement surgery in December 2005. The injury occurred during his normal and usual work-related duties as a part the cleaner, while he was loading cleaning equipment into a van he experienced sharp pain in his low back . He has been diagnosed with chronic pain syndrome, depression, insomnia, and back pain lumbar, lumbar disc displacement. He reports chronic back pain, right hip and right lower extremity pain. He reports frustration, anger, anxiety, irritability and disappointment as well as isolation and loneliness. The patient reports frequent crying episodes and having to move in with his sister and her husband. A request for eight (8) additional Psychotherapy sessions was made and non-certified. This independent medical review will address a request to overturn the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional individual psychotherapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Mental Illness & Stress Procedure Summary (last updated 05/13/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and stress chapter, topic psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: The patient has had twenty-two (22) psychotherapy sessions since December of 2012 through September 30, 2013. His depression was given a rating of severe on in April of 2013, by the primary physician. The progress notes mention that the patient is struggling to cope with severe depression, anxiety, frustration, anger and irritability. There is also a note stating that he is having increased suicidal ideation stating, "I am sad and I hate my life." The treatment has focused on helping him to change his focus of control from external to internal and help him to not resort to coping mechanisms of isolation and retreating. He was starting to realize that he needs to create change in his life rather than rely on others to do so. The Official Disability Guidelines indicate that patients who have been diagnosed with severe depression, may receive up to fifty (50) sessions of psychotherapy if progress is being made. In this case, there was adequate progress notes provided detailing the treatments that the patient has had to date, and while one would hope that there was more functional improvement of all listed, there was enough documented progress. The patient does appear to meet the criteria for severe major depression. The additional sessions are both medically necessary and appropriate.