

Case Number:	CM13-0043555		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2007
Decision Date:	07/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/11/2013

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, 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 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 records provided for this independent medical review, this patient is a 53 year and 11 months old male who reported an industrial/occupational work related injury on August 31, 2007. The injury reportedly occurred while he was squatting down to cut a plastic wrap that was around an easel when he felt a shooting pain in his low to mid back; he was subsequently diagnosed with lumbar spondylosis. He continues to reports significant pain back pain and is status post spinal fusion with screws. His injury results in considerable pain and difficult with driving (which was required for his work) and this led Psychological problems and he is diagnosed with Major Depressive Disorder, recurrent, mild to moderate at the present but with intermittent suicidal ideation; Depressive disorder NOS; Anxiety Disorder, and pain disorder accompanied by emotional factors and a medical condition. He has been taking psychiatric medications including Effexor Ambien and Deplin; additional treatments have included pain medications, conventional medical treatment, pool therapy, psychotherapy, and surgery. A request for 10 additional psychological visits was made and non-certified; this independent medical review will address the request to overturn the denial of treatment decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) ADDITIONAL PSYCHOLOGICAL VISITS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines, 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/Stress Chapter: Psychotherapy for Major Depressive Disorder (June 2014 update).

Decision rationale: The stated utilization review decision for the non-certification of 10 individual therapy sessions was that there was insufficient documentation of objective functional improvement from the initial 6 visit trial of therapy. There has been heavy use of Percocet medication up to 10 a day the patient reports being in extreme pain as recently as October of 2013 had his pain trigger feelings of despair and hopelessness, hopelessness with suicidal ideation, and he went to the emergency room for suicidal ideation. He no longer wishes to harm himself but the thoughts flair up with increased pain. Based on the treatment records that were provided for this review this patient does appear to have continued medical necessity for psychotherapy for the treatment of Major Depression. He does appear to have made significant progress from prior treatment with increased mood and functioning including a return to working 2 jobs which he eventually had to quit due to the back pain related to driving. Also, in the past he was having more suicidal ideation in response to pain and was taking more medication. When treatment was stopped because of non-authorization it appears to have resulted in regression and he deteriorated somewhat. It does appear that an additional 10 sessions of psychotherapy at this time is warranted and medically necessary. According to the ODG treatment guidelines that cognitive behavioral therapy can be used up to a maximum of 13 to 20 sessions if there is the objective functional improvement being made; and in cases of severe depression, up to 50 sessions can be provided (see June 2014 update) again under the assumption that progress is being made and documented. Therefore the request to overturn the non-certification of 10 additional sessions has been overturned and the sessions are thus approved. The request is medically necessary and appropriate.