

Case Number:	CM13-0046467		
Date Assigned:	06/20/2014	Date of Injury:	07/04/2007
Decision Date:	07/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/12/2013

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:

According to the records provided for this independent medical review, this patient is a 54-year old male reported an industrial/occupational work-related injury on July 4th 2007. The injury occurred reportedly during his normal work duties as a cargo handler when he was struck on the right leg by a forklift and was taken off work. Surgery and conventional medical treatment have not resolve his symptoms. He has chronic back pain radiating to the extremities, GI (gastrointestinal) distress, fatigue, and poor appetite. He has symptoms of severe depression and anxiety with sleep difficulty and nightmares and crying. There is a possible interim diagnosis CRPS (chronic regional pain syndrome). He has been diagnosed psychologically with major depressive disorder, single episode, moderate; insomnia- type sleep disorder due to pain; and male erectile disorder due to orthopedic pain. A request for twenty sessions of psychotherapy treatment weekly was made and non-certified, a modification of the request was offered. This independent medical review will address a request to overturn the treatment denial with modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty sessions of psychotherapy treatment, once weekly: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Topic psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: A request for psychotherapy weekly for twenty sessions was modified and allowed 6 additional visits over twelve weeks every other week. The stated rationale was the patient is benefiting from treatment and it is helping him to not act on suicidal thoughts but it's not improving him physically or psychologically and that the patient has already had extensive psychotherapy (the number of sessions to date was not provided). The patient states that the psychotherapy has kept him alive. After careful and thorough review of this patient's records, this patient appears to remain in substantial psychiatric and psychological distress and his level of depression appears to be approaching severe, or nearly so. According to the ODG treatment guidelines for psychotherapy (see June 2014 update) patients who have severe depression may be able to receive up to a maximum of fifty sessions if progress is being made in treatment. The patient is showing some small signs of functional improvement, e.g. going for longer walks with a cane, considering spinal cord stimulator trial, and working through a very complex psychological adjustment to his chronic pain condition and its related limitations. He used to work 80 hours a week for most of his life and formed an identity as the provider of the household; he is slowly coming to terms with the fact that he can no longer do so in the manner which used to. By continuing for a little longer in regular psychotherapy treatment, an additional twenty sessions, this progress can be continued and the reduction in treatment frequency can be reconsidered upon the completion of the 20 sessions. The request for twenty sessions of psychotherapy treatment, once weekly is medically necessary and appropriate.