

Case Number:	CM13-0047835		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2005
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Psychiatry and Neurology, has a subspecialty in Geriatric Psychiatry and Addiction Medicine, 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:

The claimant is a 31 year old female with the diagnosis of sprain lumbar region, whose date of injury was 5/23/05. She sustained injury to the low back while stacking papers on shelves. She states that she did this too often, and hurt her low back again, developing severe pain and presenting to the hospital. Another report shows that she had slipped on a wet floor, fell down onto her left knee, reinjuring her back. She had decompression fusion with instrumentation of the lumbar spine on 10/16/06, and subsequent hardware removal with revision decompression fusion on 9/7/11. She has a history of major depression, chronic pain, and insomnia. She is status post lumbar spine surgery and revision of spinal cord stimulator battery, with failed back syndrome in June 2013. She has been temporarily totally disabled from a psychiatric standpoint since January 2008. The patient reported that her depression started after she stopped working. A pain management re-evaluation of 12/17/13 notes that she continues to experience low back pain radiating to bilateral lower extremities, and pain at the spinal cord stimulator site. The patient reports limitation in the following activities of daily living: self-care/hygiene, activity, ambulation, sleep, and sex. Pain medications prescribed were Hydrocodone, Nucynta ER, and Lyrica. On 9/30/13, a teleconference was done with [REDACTED] (the patient's therapist) who noted that the patient had been very depressed. She was seen approximately ten times over the prior year but cannot drive due to pain. When she does come she is an active participant and benefits from therapy; her depression and ability to cope with pain has improved. Medications at that time were Cymbalta, Valium, and amitriptyline. Monthly PR2s from the [REDACTED] [REDACTED] report that the patient continues to benefit from and require psychotherapy. Objective findings include anger, anxiety, depression, impaired concentration and memory, and tearfulness. Subjectively, the patient reports that she is feeling anhedonia,

anger, anxiety, depression, diminished energy, flashbacks, impaired concentration, impaired memory, irritability, low self-esteem, nightmares, panic attacks, periods of crying, sexual dysfunction, sleep disturbance, social withdrawal, and suicidal ideation without intent. There is one Beck Depression Inventory and one Beck Anxiety Inventory dated 7/30/13 in which the patient was rated 32 and 43, respectively. At that time, she was described objectively as having anxiety, appetite disturbance, irritability, sleep disturbance, and social withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

cognitive behavioral psychotherapy twice monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The claimant has been receiving psychotherapy since at least 2012. PR2s do not show quantification of the patient's symptomatology. There is a Beck Depression Inventory and Beck Anxiety Inventory; however those are dated 7/30/13. The patient is simply described as continuing to be very depressed and that she continues to benefit from psychotherapy to assist in dealing with that depression. PR2s further report that she continues to need psychotherapy. The patient complains of anhedonia, anger, anxiety, depression, diminished energy, flashbacks, impaired concentration, impaired memory, irritability, low self-esteem, nightmares, panic attacks, periods of crying, sexual dysfunction, sleep disturbance, social withdrawal, and suicidal ideation without intent. Objective findings of this date show she continues to demonstrate anger, anxiety, tearfulness, depression, impaired memory and concentration, sleep disturbance with nightmares, flashbacks, social withdrawal, irritability, low self-esteem, panic attack, and periods of crying. These complaints are reported throughout monthly PR2s with little to no evidence that she has adequately benefited from psychotherapy. Per the ODG, maintenance cognitive behavior therapy is most effective for high risk patients with >5 episodes, and for moderate depression with <5 episodes (psychoeducation may be as effective for these patients). Aside from the scales of 7/30/13, there are no scales or other quantification to show the patient's improvement, or lack thereof. If one goes only on subjective and objective reports, it would appear that she has made little to no progress in psychotherapy. As such this request is denied.

12 cognitive behavioral therapy sessions over 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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

Decision rationale: The claimant has been receiving psychotherapy since at least 2012. PR2s do not show quantification of the patient's symptomatology. There is a Beck Depression Inventory and Beck Anxiety Inventory; however those are dated 7/30/13. The patient is simply described as continuing to be very depressed and that she continues to benefit from psychotherapy to assist in dealing with that depression. PR2s further report that she continues to need psychotherapy. The patient complains of anhedonia, anger, anxiety, depression, diminished energy, flashbacks, impaired concentration, impaired memory, irritability, low self-esteem, nightmares, panic attacks, periods of crying, sexual dysfunction, sleep disturbance, social withdrawal, and suicidal ideation without intent. Objective findings of this date show she continues to demonstrate anger, anxiety, tearfulness, depression, impaired memory and concentration, sleep disturbance with nightmares, flashbacks, social withdrawal, irritability, low self-esteem, panic attack, and periods of crying. These complaints are reported throughout monthly PR2s with little to no evidence that she has adequately benefited from psychotherapy. Per the ODG, maintenance cognitive behavior therapy is most effective for high risk patients with >5 episodes, and for moderate depression with <5 episodes (psychoeducation may be as effective for these patients). Aside from the scales of 7/30/13, there are no scales or other quantification to show the patient's improvement, or lack thereof. If one goes only on subjective and objective reports, it would appear that she has made little to no progress in psychotherapy. As such this request is denied.