

Case Number:	CM13-0072107		
Date Assigned:	01/08/2014	Date of Injury:	02/24/2006
Decision Date:	06/02/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Board Certified in Psychology and is licensed to practice in Texas. 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:

The injured worker is a 63 year old male who reported an injury on 02/24/2006. The mechanism of injury was not included in the clinical documentation. In the clinical note dated 05/24/2010 the injured worker reported he was discriminated against at his place of employment. He stated he was denied promotions, denied religious holidays, and refused repeated request to change his schedule. In 2001 the injured worker began experiencing headaches, neck pain, blurred vision, and anxiety. The injured worker reported becoming depressed and irritable with memory lapses and poor concentration. He began seeing a psychiatrist in 2001 and was given Prozac which he has been taking since then. The injured worker resigned from his position in 2006. In July 2009 the injured worker attempted to take his life with an overdose of Tylenol and was hospitalized for one week. The injured worker continued to see the therapist and his medications were changed. The injured worker is reported to be taking Prozac 40mg, Trazadone 50mg, Risperdal 1mg, and Celexa 20mg. An assessment form dated 05/22/2008 reported the injured worker had major depressive disorder NOS. The injured worker completed 15 sessions of psychotherapy between 04/30/2012 and 06/06/2013. The request for authorization for medical treatment was not included in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY FOUR TIMES A MONTH FOR TWELVE MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Page(s): 23, 101-102. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive-Behavioral Therapy (CBT) for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness, Cognitive Therapy for Depression.

Decision rationale: California Medical Treatment Utilization Schedule recommends up to 10 sessions of therapy. Per the Official Disability Guidelines the psychotherapy guidelines studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures; therefore up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe major depression or Post-traumatic stress disorder (PTSD), it is acceptable up to 50 sessions if progress is being made. The injured worker had previously completed 15 sessions of psychotherapy and the request for 4 times a month over 12 months totaling 48 sessions would be above the total sessions allowed per the guidelines. In addition, there is a lack of documentation of any significant objective functional improvement with therapy sessions to date. There are no baseline and re-assessment psychometric scores to demonstrate improvement. Therefore, the request is not medically necessary and appropriate.