

Case Number:	CM14-0005216		
Date Assigned:	01/24/2014	Date of Injury:	08/15/1996
Decision Date:	06/10/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/14/2014

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 Psychologist 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:

The patient is a 46-year-old female who sustained a work-related injury on 8/15/96 when she was lifting a box. She was diagnosed with lumbago and experiences ongoing low back pain that shoots down her right leg. On 11/15/13, she was diagnosed with depressive disorder not otherwise specified, anxiety disorder not otherwise specified, and psychological factors associated with a general medical condition. Her psychiatric symptoms were reported to be depression, anxiety with OCD behaviors, ruminative and negative thoughts, lowered motivation and follow through, social withdrawal, and irritability.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: The patient has attended several psychotherapy sessions and continues to be symptomatic, with some fleeting suicidal ideation. There is some evidence of objective functional improvement as a result of these therapy sessions, as noted below. On 9/24/13, it was

noted that the patient slept better the last several nights and is feeling more hopeful about her life and situation. On 10/15/13, it was reported that the patient's psychiatric condition is improved slightly this month. She reports feeling relieved to be able to see her therapist again after not having any treatment for a year and a half. She also reports having suicidal thoughts over the past several months and at one point considered jumping out of the car as her husband was driving on the freeway. After having two individual psychotherapy sessions, she has not had suicidal thoughts, and feels more hopeful about her situation. She still continues to have periods of anxiety with OCD behaviors, lowered motivation and energy, sleep disturbance, craving sugar with emotional eating, social withdrawal, irritability, and chronic back pain. On 11/15/13, it was noted that the patient's psychiatric condition continues to make progress. She reports slightly less depression with periods of hopefulness. She was prescribed a new medication by her orthopedic doctor, which has helped her sleep a little better. She has been walking on a regular basis, which reduces anxiety and depression somewhat. It was stated that despite this progress she continues to experience periods of depression, anxiety with OCD behaviors, ruminative and negative thoughts, lowered motivation and follow through, social withdrawal, irritability, and chronic back pain. The request for six (6) sessions of individual psychotherapy is medically necessary.