

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0005850 | | |
| Date Assigned: | 02/18/2014 | Date of Injury: | 02/22/2011 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Board Certified in 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:

The patient has submitted a claim for Major Depressive Disorder, single episode, severe associated with an industrial injury date of February 22, 2011. Treatment to date has included psychotropic medications and psychotherapy sessions. Medical records from 2013 were reviewed and showed chronic psychological symptoms including persisting depressed mood, sleep disorder, tearfulness, and anxiety. The patient completed psychological testing with scores suggesting severe levels of depression and anxiety on the Beck inventories; presence of sleep disorder based on Epworth Sleepiness Scale; mild risk of suicide based on Suicide Probability Scale; and a high degree of preoccupation with his somatic symptoms and physical functioning based on the Wahler Physical Symptoms Inventory. Diagnoses include Major Depressive disorder, Insomnia, Male Hypoactive Sexual Desire Disorder, and Psychological factors Affecting Medical Condition. Prescribed psychotropic medications include trazodone, Ativan and Prozac. A progress report dated December 4, 2013 requested for additional psychotherapy sessions with goals of providing the patient with better outlook on his current situation, post injury, and make peace with his past experiences in the workplace. Other goals include identifying the elements of his treatment and recovery that he has direct influence on; identifying positive steps he can take in that process; working towards reconnecting with friends and increasing his social interactions even when he lacks the desire to do so; and determining what would constitute a healthy return to work, possibly in a new position.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY (20) INDIVIDUAL PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy.

Decision rationale: Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the patient is on ongoing psychotherapy sessions; however, the total number of sessions attended at this time and the overall functional gains were not discussed. The guidelines recommend continued psychotherapy when there is evidence of symptom improvement. Moreover, the requested additional 20 psychotherapy sessions would exceed the recommended initial and total number of visits. The medical necessity for an additional course of psychotherapy has not been established. Therefore, the request for 20 individual psychotherapy sessions is not medically necessary and appropriate.