

Case Number:	CM14-0006528		
Date Assigned:	03/03/2014	Date of Injury:	02/12/2003
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/17/2014

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 Clinical Psychology, has a subspecialty in Pain Management 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 medical records for this patient indicated he is a 57 year old male who reported an industrial/occupational injury on February 12, 2003. The injury occurred when the patient slipped and fell down a stairway and subsequently had multiple serious injuries including head injury, rib fracture, and injury to the low back; he is status/post spinal fusion. The patient reports numbness in his feet, stomach pain, memory problems, poor mood and has been diagnosed with Major Depressive Disorder, single episode, severe; and also psychological factors affecting medical condition. Patient reports frequent headaches chronic lumbar pain, insomnia, hypertension, anxiety, depression, side effects from opiate use. High blood pressure is also a significant medical issue being addressed actively. The patient states that he is having random depressive crying reactions that are to environmental triggers that are not inherently depressing; this sometimes is a hypertensive medication side effect. His pain condition as described as severe, chronic, and constant low back pain that radiates down his legs to the feet and heels with numbness and tingling and burning in his feet. He has been having psychiatric medication management of Ambien, Abilify and Cymbalta. His psychological symptoms are currently described as irritability, anger outbursts and social withdrawal with family discord. A request for 20 sessions of psychotherapy was made and non-certified; this IMR will review a request to overturn this non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 PSYCHOTHERAPY VISITS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ODG COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN, 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PART TWO, BEHAVIORAL INTERVENTIONS: COGNITIVE BEHAVIORAL THERAPY, 23 Official Disability Guidelines (ODG) Mental/Stress chapter: Cognitive Behavioral Therapy

Decision rationale: Based on a comprehensive and thorough review of his medical records which consisted of approximately 295 pages, I have concluded that this patient does meet the criteria for medical necessity with regards to 20 sessions of psychotherapy. According to the Chronic Pain Medical Treatment Guidelines, an initial block of sessions would normally be required to demonstrate that the treatment is in fact resulting in objective functional improvement; however, in this case this patient has had prior rounds of therapy and based on notes regarding those sessions it does appear that he is responsive to them as he deteriorated when the treating therapist left the clinic he was in and the treatment was discontinued. The request for a 20 sessions at this juncture for this patient who is clinically depressed is warranted. Recent prior psychotherapy treatment consisted of 2 sessions in 2012 and none in 2013. The official disability guidelines ODG mental/stress chapter (June 2014) states with respect to psychotherapy that up to 13 to 20 visits over 7 to 20 weeks of individual sessions can be offered. It also goes on to state that in cases of severe Major Depression or 4 PTSD, up to 50 sessions can be offered if progress is being made. Further treatment will depend solely on clearly documented supported evidence of functional improvement, if there is a need and if such functional improvement occurs. Therefore the request for 20 sessions of psychotherapy is medically necessary.