

Case Number:	CM14-0103224		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2011
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/03/2014

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 Psychiatry & Neurology, has a subspecialty in Geriatric Psychiatry 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:

Records reviewed include 158 pages of medical and administrative records. The injured worker is a 59 year old male whose diagnosis is depressive disorder not otherwise specified. His date of injury is 02/28/2011. As he was driving during the course of his employment a van hit the driver's side door, deploying the air bags, hitting him in the face. He noted immediate pain in his head, neck, and back. He received medications, physical therapy, and returned to work with modified duties. Imaging done in April, May, and August revealed changes in the cervical and lumbar areas, suggesting right L4-5 radiculopathy. He was subsequently evaluated by a pain management specialist. He underwent cervical and lumbar epidural injections, followed by lumbar spine surgery in 06/12 and cervical spine surgery in 03/13. He continued to suffer from cervical and lumbar pain, and in 11/13 received a botulinum toxin injection which provided significant pain relief to his neck pain for six months. An orthopedic follow up evaluation of 06/16/14 shows the patient continuing to move his hand better but the biggest concern was the swallow mechanism not working, especially with solids, with frequent aspiration into his trachea when he attempts to swallow, and the protective tracheal mechanism was not working. He had continued depression with anxiety. Medications included Norco, Ultram, Remeron, Prilosec, Imitrex as needed, Lyrica, Ambien, and Nucynta. A PR-2 of 03/20/14 by [REDACTED] shows subjectively that the patient reports significant changes in his life, with marriage to his long time girlfriend and working out conflicts with his children. He was considering options for this next phase of his life. He denied suicidal/homicidal ideations, or auditory hallucinations. Objectively [REDACTED] reported the patient as having an awkward gait with some pain behavior but psychologically was improved, "the darkest of the dark cloud is lifting". In a PR-2 the patient was described as taking "steady steps" toward a more stable future, attending church activities with his wife despite feeling awkward. He was compliant with treatment. A prior

utilization review disclosed that the patient had received 26 cognitive behavioral therapy sessions since 11/09/2012. There are many requests for authorization for various medications, treatments, and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Psychotherapy Guidelines and Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for depression.

Decision rationale: The patient suffers from depressive disorder not otherwise specified. He is described as depressed and anxious. Records provided for review were fairly comprehensive in all areas save psychiatric and psychological. A prior utilization review report noted that the patient had received 26 cognitive behavioral therapy sessions since 11/09/12, but the best descriptors of progress I could find were [REDACTED] statement that "the darkest of the dark cloud is lifting" and the patient was taking "steady steps". This does not describe functional improvement in any meaningful way. There are many requests for authorization, but little in the way of documentation of symptomatology, progress or objective functional improvement. In addition, the patient has surpassed ODG's maximum recommendation of 20 sessions. As such, this request is noncertified.