

Case Number:	CM14-0107874		
Date Assigned:	08/01/2014	Date of Injury:	05/21/2009
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 in Clinical 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:

According to the records that were provided for this independent review, this patient is a 51-year-old male who reported an industrial/occupational injury on May 21, 2009. He injured his back during the normal usual customary work duties as a transmission repairman for [REDACTED] and was injured as a result of heavy lifting and plastic wrapping crates. He presents with constant low back pain radiating into his left leg and is status post lumbar spinal fusion at L4-L5 as well as other surgical interventions. He has been diagnosed with failed back syndrome and other medical diagnoses that are well documented in his medical chart. He reports that he has depleted all of his resources and losses home as a result of. That he used to be an active member, an Elder, in [REDACTED], but cannot stand or sit long enough to do this anymore. He is separated from his wife recently because they were arguing constantly. He has severe sleep deprivation and gets irritable. He has been treated with a psychiatrist privately at [REDACTED] for the past year and a half and has had suicidal thoughts that are severe and serious. He is unable to engage sexually, and has bowel incontinence occasionally. He had some counseling at first but then was transferred to a group and this made his depression worse. He was prescribed the antidepressant Remeron which is good for sleep and depression, but it was not authorized, and he has been having difficulty getting requested treatments approved. He has been diagnosed with Major Depression, single episode, nonpsychotic, industrial related, and has mild obsessional traits but not enough to warrant a diagnosis. This request is for psychotherapy sessions to be held every two weeks for a total of six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy Sessions every two (2) weeks for a total of six (6) sessions:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological intervention. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines; Pain Chapter: Behavioral Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, psychotherapy treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines for cognitive behavioral therapy, June 2014 update.

Decision rationale: The original utilization review did not authorize this psychological treatment request because the number of sessions was not provided at that time. All requests for psychological treatment must specify the quantity being sought. However, for this review that piece of missing information, which is very important, has been provided and is set at six sessions. I can see no other rational reason to have this patient's treatment not approved. The patient has had some prior brief psychological treatment although it appears to happen quite some time ago and there are no notes regarding the details of that treatment episode other than he was switched to therapy. He has been receiving treatment and psychiatric medications from a Psychiatrist. According to the Official Disability Guidelines, patients should be offered an initial block of six sessions as a trial of treatment to see if the patient responds with objective functional improvements. Objective functional improvement is defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. If the patient, after receiving six sessions, meets the criteria for objective functional improvement, additional treatment can be provided 13-20 sessions for most patients, but for severe cases of Major Depression (see June 2014 ODG update) or PTSD additional sessions up to 50 might be authorized if the patient continues to make progress. The request is medically necessary and appropriate.