MAXIMUS Federal Services

Case Number:	CM14-0018644		
Date Assigned:	04/18/2014	Date of Injury:	06/17/2008
Decision Date:	07/02/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and 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:

Based on the records provided for this independent medical review this patient is a 63 year old male who reported an occupational/industrial injury sustained during the normal course of his work on June 17th 2008. The injury appears to be related to the result of an automobile vehicle accident while working for [redacted] when driving on the freeway a semi-trailer truck hit his car and dragged the car approximately a of a mile. He sustained injuries to his head, neck, lower back, shoulders and arm. He reports continued and chronic pain in his head, neck, and low back with dizziness and continues to experience significant pain on the entire right side was body as well as headache. There is also radiating pain in multiple areas of his lower extremities and radiculopathy, cervical and lumbar sprain, lumbar disc displacement, and bilateral shoulder impingement syndrome. Problems from a prior car accident and diabetes (non-industrial) may have been activated by this accident. He has been diagnosed with post -traumatic stress disorder (PTSD), chronic Major Depressive Disorder, Single episode, moderate; Insomnia-type sleep disorder due to pain, Psychological Factors affecting a medical condition, male hypoactive sexual desire disorder due to pain, and Pain Disorder associated with a general medical condition. There are notes that his depression and anxiety have increased proportionally to his musculoskeletal pain and that his lack of improvement in his overall condition has resulted in some thoughts of suicide without a specific plan. That there are continued difficulties with irritability and anger, social withdrawal, poor libido, concentrating and an exaggerated startle response and avoiding of driving as well as anxiety being a car passenger with nightmares about the automobile accident. Psychiatric medications include Wellbutrin, Zyprexa, Advan, Restoril, and Latuda. A request for weekly psychotherapy treatment, one session per week for 20 weeks to prevent relapse and recurrent episodes, 45 to 50 minutes per session, was made and non-

certified. A modification of the request was offered to provide for therapy once every two weeks for 8 weeks to prevent relapse and record episodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENTS, 1 SESSION PER WEEK FOR 20 WEEKS TO PREVENT RELAPSE AND RECURRENT EPISODES, 45-50 MINUTES PER SESSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress Chapter, Topic psychotherapy.

Decision rationale: A request for weekly psychotherapy for 20 weeks, approximately 5 months of therapy was non-certified with a proposed modification of every other week for 8 weeks. This decision was based on several facts. First the precise number of treatment sessions provided to date has not been provided. Without this important bit of information it is nearly impossible to determine how much therapy has been provided to date. There were prior courses of therapy prior to this current one but there are no detail of this other than it included biofeedback sessions that the patient reported were unhelpful. The most current course of psychotherapy has included treatment at least from April to September 2013 at the minimum but possibly, and probably much longer. This course of therapy has included individual therapy and after several months he was transferred to group therapy. The patient reported the group therapy to be beneficial in hearing other people's struggles with disability and pain. Although the patient does appear to show functional improvements and other benefits from the extensive therapies he has received, it appears that he has been in therapy for many years now and has exceeded the recommended course of therapy as stated in the Official Disability Guidelines. In addition, although the case that additional and continued therapy was discussed in the provided files at great length and detail, it is medically necessary at the level of 5 months. According to the ODG psychotherapy lasting for at least one year or 50 sessions is more effective than shorter-term therapy in complex cases of combined depression and PTSD. As stated above the exact number and duration of his treatment is unclear but this current course of therapy considered with the likelihood of prior treatment suggests that this patient appears to have already had the extended treatment stated in the guidelines. Therefore the request for additional treatment is not medically necessary.