

Case Number:	CM14-0110380		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2002
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 64-year-old male who reported an industrial injury on February 15, 2002 during his normal and usual work duties for [REDACTED]. His job duties included delivering mail and moving furniture. The injury reportedly occurred while he was moving a heavy cabinet which would not fit into an elevator and was being carried upstairs. When the coworker was helping him, the patient felt a pop in his lower back and could not move. He tried to work, but the pain was unbearable. The pain radiated from his low back into his right groin. He currently reports constant sensation of weakness in both legs as if they're going to buckle from under him and also reports numbness in the right thigh and tingling in the right leg and several toes. There is radiating pain into his buttocks. There is a prior history of low back problems dating to 1991 with a spinal fusion in 1992. In total he has had at three or more back surgeries to date. Psychologically, he reports poor concentration and memory, loss of self-esteem and inappropriate guilt; he is depressed most of the day and has lost interest in sex and other activities, and has reoccurring thoughts of death. He reports being restless, keyed up and feeling angry, irritable, anxious, and impatient. He has crying spells and suicidal thoughts without plan and has been experiencing the symptoms since 2006. Psychologically, he is diagnosed with: Major Depressive Disorder with Psychotic Features. A request was made for Psychotherapy 2 times a month. This request was non-certified. This independent medical review will address a request to overturn the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times a month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, topic: psychotherapy guidelines, cognitive behavioral therapy for depression, June 2014 update.

Decision rationale: According to the MTUS, psychological treatment may be appropriate and recommended for carefully screened patients. With the ODG guidelines further clarifying that 13 to 20 visits maximum may be offered for most patients if progress is being made and that in cases of Severe Depression, additional sessions sometimes can be offered up to 50 maximum if progress is being made (see June 2014 update). In this case, the request was for psychotherapy treatment two times a month; there was no specification of the number of months being requested or the total number of sessions. In addition, it was not clear the total number of prior psychotherapy sessions at this patient has had to date. This information is vitally important in authorizing additional sessions as it must conform with MTUS guidelines. Therefore, the request is not medically necessary.