

Case Number:	CM14-0133415		
Date Assigned:	08/22/2014	Date of Injury:	09/14/2012
Decision Date:	09/19/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 INTERNAL MEDICINE, has a subspecialty in Internal Medicine 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 injured worker is a 39 year old male who suffered an industrial injury on 9/14/2012. He fell into an empty swimming pool and lost consciousness on impact. He was treated at a local hospital and was hospitalized for three weeks. Injuries included rib fractures, jaw fracture and clavicle fracture. He subsequently has had shoulder pain, low back pain, upper back pain, cervical pain and dizziness. He was seen on 4/10/2014 by a psychologist and was noted to have the diagnosis of major depression. Evidence of depression, anxiety, poor self esteem, sexual dysfunction with erectile problems, sleep disturbance, memory and cognitive decline relative to his baseline were noted. The Global Assessment Functional (GAF) score at the time was 50, while pre morbid GAF was estimated to be 90. The recommendation of the psychological expert was for six sessions of psychiatrist referral for management of psychopharmacologic treatment and ten sessions of psychological treatment in the form of cognitive behavioral treatment with reassessment at the end of ten sessions. The number of sessions heretofore have not been provided in the records. Nonetheless, the patient has chronic pain, psychological dysfunction including clinical depression, inadequate self esteem, maladaptive beliefs about pain and function, hopelessness, sleep dysfunction, dizziness and erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 1x20: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The injured worker has a long and complicated history of physical disorders that have caused loss of function and chronic pain. He has a formal diagnosis of Major Depression made by a psychological expert. He has a complicated medical regimen for treatment of pain. Numerous medical therapies have been offered for treatment including surgeries, physical therapy, chiropractic treatment, anti-depressant by non-expert, steroid injections, medications including NSAID and opiates as well as pain modulating agents. He has diagnoses of comorbid sleep disorder, dizziness, memory and cognitive difficulties, anxiety and erectile dysfunction. Given the complexity and chronicity of problems that the patient is facing, and the documented low self esteem with cognitive factors playing a role in the maintenance of depression, prolonged treatment with psychotherapy is an essential part of treatment of pain and the industrial incident related injuries. Cognitive behavioral therapy assists in reorienting patients to recognize their maladaptive thoughts and underlying beliefs. Cognitive and behavioral techniques and modifications allow reduction in emotional duress and improved functioning in life. It has had benefit in management of the sensation of stress, being emotionally overwhelmed and allows management of sleep disorders better than pharmacotherapy alone. Therefore, medical necessity is established.