

Case Number:	CM14-0135474		
Date Assigned:	08/29/2014	Date of Injury:	03/03/2010
Decision Date:	09/25/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/22/2014

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:

This patient is 54 year-old male who reported an industrial/occupational injury that occurred on March 3, 2010. On the date of injury he was making a delivery and standing on a second set of wet stairs when he slipped on the top step and fell down landing on his buttocks and both hands. He bounced down five steps and landed on the ground. He reports pain in his low back (especially left hip and groin area) radiating to his leg and foot. He also reports pain in his left shoulder, arm and left mid back, and there is severe depression and episodes of generalized anxiety. The depression includes dejection, social-emotional withdrawal, loss of interest, excessive rumination, lethargy, and explosive irritability, loss of appetite, sleep disturbance, reduced libido and nightmares. His score on the Beck Depression Inventory was indicative of severe depression. A treating physician's progress report from July 2014 by his psychologist noted that he has been exposed to pronounced levels of stress related to significant delays in his medical care regarding his recommended spinal surgery. A request for the spinal surgery was denied in favor of a bone scan with nerve blocks which have been completed but have resulted in insufficient pain relief. He has experienced severe financial distress since his total disability stopped in May 2014 resulting in a severe housing crisis. That the patient has a high level of anxiety and has been diagnosed by the same provider with major depression, moderate; and pain disorder. He has been treated with cognitive behavioral therapy, session quantity unknown, and reported a notable improvement in his mood and improved control of his pain. The request was made for eight sessions of psychotherapy, the request was not approved; the utilization review rationale for non-certification of eight sessions was that six additional psychotherapy sessions were authorized in March 2014 and were completed. As well as that the patient had been taught strategies to manage his depression and that there were no psychometrics, and no identifiable and quantifiable subjective or functional improvements attributable to the psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation ODG Mental Health and Illness Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: According to the Official Disability Guidelines patients who are receiving psychotherapy for depression and pain may have up to a maximum of 13-20 sessions if progress is being made. The patient does appear to be making progress in his treatment. There is a report that he is less depressed, better able to control his pain, and is benefiting from his treatment. It does appear that the patient has not had an excessive amount of treatment so far , and it appears that he has perhaps had only 12 sessions to date. The request for an additional eight sessions would bring him within the recommended guidelines. As such, this request is medically necessary.