

Case Number:	CM14-0136322		
Date Assigned:	09/03/2014	Date of Injury:	04/25/2008
Decision Date:	09/25/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 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/occupational slip and fall injury on April 25, 2008. The patient reports constant low back pain that radiates down his right leg with tingling, numbness and paresthesia. He has been diagnosed with: lumbar disc bulge and protrusion, right medial meniscus tear, chronic myofascial pain syndrome and lumbar facet arthrosis; he is status post right ankle arthroscopic with ligament repair and right medial meniscectomy. Psychologically he has been diagnosed with depression. There was no detailed information with respect to this patient psychological conditions, symptomology, nor any detailed diagnostic information provided. A request was made for 12 sessions of psychotherapy, the request was denied due to not following official disability guidelines which mandate an initial treatment trial. Utilization review made a modification to allow for six sessions which would be conforming to those guidelines. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Mental Illness and Stress regarding Cognitive Therapy for Depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines for Depression, 2014 update.

Decision rationale: I carefully reviewed, to the extent that was possible, the medical records as they were provided this is a request for an initial course of psychological treatment for his chronic pain condition. Given that the patient's injury occurred four years ago I'm not entirely certain that this is accurate but that's what it appears to be based on the information provided to me. I was unable to find any records of prior psychological treatment nor was I able to find any comprehensive psychological reports or evaluations. Missing from this report was sufficient documentation of the patient psychological symptomology other than noting depression and that he has been treated with Paxil. This request was for 12 sessions of psychotherapy. The request is nonconforming with the official disability guidelines which mandate that an initial small set of sessions be given as a trial of treatment to determine if the patient responds with objective functional improvement. This initial treatment trial consists of approximately 3-4 sessions (according to the MTUS) or six sessions (according to the ODG). The total duration of treatment is suggested to be 13-20 sessions and is offered only if the patient is making progress in their treatment. The request for 12 sessions at the outset represents nearly the lower limit maximum. Utilization review offered a modification of the request to conform with the treatment trial protocol that is required. Independent medical review process is different from the utilization review process and that no modification of the request can be offered. While it is entirely likely that this patient does need psychological treatment, the documentation that was provided primarily details his medical condition and treatment without much mention of a psychological condition. Due to the request exceeding the maximum guidelines for an initial treatment trial and due to a lack of information substantiating the patient's condition psychologically for treatment this request is not medically at this time.