

Case Number:	CM14-0165269		
Date Assigned:	10/10/2014	Date of Injury:	02/28/2006
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Texas. 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 38-year-old male who reported injury on 02/28/2006. The mechanism of injury was the injured worker fell off a 26 foot ladder at his family's construction business. The diagnoses included anxiety, state unspecified; unspecified personality disorder; screening for depression; unspecified persistent mental disorder due to condition classified elsewhere; major depressive affective disorder, recurrent episodes, severe degree, without psychotic behavior; postconcussion syndrome; and depressive disorder, not elsewhere classified. The surgical history included 3 left shoulder surgeries. The documentation of 06/03/2014 revealed the injured worker had constant severe ringing in the ears, dizziness, vertigo, slowed thinking, depression, loss of interest, overwhelmed by stress and chronic fatigue, frequent severe troubling sleep, loss of sexual desire and headaches, constant moderate numbness, tingling, and an inability to relax. The injured worker's mood was depressed and the affect withdrawn. The injured worker held his head and spoke very little, with movements and utterances suggesting that he was experiencing head pain. The injured worker had cognitive impairments limiting attention, comprehension, and memory. The injured worker was noted to be seen with his significant other to help him with comprehension of the sessions. The recommendation was for individual cognitive behavioral psychotherapy. There was no Request for Authorization submitted to support the request. The request was previously denied, as the California MTUS Cognitive Behavioral Therapy Guidelines were applied, and the request exceeded guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 10 visits from 6/3/14-8/14/14: Overturned

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

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 & Stress Chapter, Cognitive Behavioral Therapy

Decision rationale: The Official Disability Guidelines indicate that cognitive behavioral therapy for major depression is appropriate for 13 to 20 visits over 7 to 20 weeks if progress is being made. The provider should evaluate symptom improvement during the process of treatment. Features can be identified early and alternative treatment strategies could be pursued if appropriate. The clinical documentation submitted for review indicated the injured worker had major depression. This request was for the original 10 sessions, which would be appropriate. Given the above, the request for individual psychotherapy 10 visits from 06/03/2014 to 08/14/2014 is medically necessary.

(12) Visits Psychotherapy once week for 12 weeks: Upheld

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

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 & Stress Chapter, Cognitive Behavioral Therapy

Decision rationale: The Official Disability Guidelines indicate that cognitive behavioral therapy for major depression is appropriate for 13 to 20 visits over 7 to 20 weeks if progress is being made. The provider should evaluate symptom improvement during the process of treatment. Features can be identified early and alternative treatment strategies could be pursued if appropriate. The clinical documentation submitted for review indicated the injured worker had major depression. There was a lack of documentation indicating objective functional benefit that was received from the therapy and a necessity for an additional 12 sessions. Given the above, the request for individual psychotherapy once a week for 12 weeks, is not medically necessary.