

<b>Case Number:</b>	CM14-0021322		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 provided for this independent medical review, this is a 58 year old male who reported an industrial/occupational related injury on January 13 2003. At that time he reportedly suffered a slip and fall accident on some diesel fuel. On the way to receiving treatment for this injury he was in a serious car accident. He did attempt to return to work on several occasions before having surgery for his back/lumbar pain. He has required detoxification program and assistance with medication detoxification. He is status post lumbar fusion and artificial disc replacement and status post total disc arthroplasty, and anterior cervical discectomy with fusion. He has continued pain in the bilateral lower extremities and back as well as multiple other areas. He has non-industrial medical diagnoses of lung cancer, lymphoma and liver disease. Psychologically, the patient has a diagnoses of Major Depressive Disorder; Pain Disorder associated with both psychological factors and a general medical condition; Psychological factors affecting medical condition; Prescription addiction; Sleep disorder due to general medical condition; Insomnia; and a urological issue. A request for a weekly individual psychotherapy sessions was non-certified with a modification of 4 individual psychotherapy sessions to be offered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT WEEKLY INDIVIDUAL PSYCHOTHERAPY SESSIONS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT, COGNITIVE BEHAVIORAL THERAPY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Topic Psychotherapy for Major Depressive Disorder, page 43-44. June 2014 update.

**Decision rationale:** The rationale for providing a modification the request for 8 sessions to of 4 sessions certified and 4 sessions non-certified was based on the fact that the patient has not had a course of psychotherapy for over 6 months and thus, the current course of treatment should be treated as if it was an initial course of treatment; this then requires an initial block of three to four visits over two week, and with evidence of objective functional improvement a total of 6 to 10 visits over five to six weeks can be offered. Given that this patient has already been participating in psychotherapy treatment for chronic pain, and that he has reported a decrease of symptomology, the initial trial is redundant and unnecessary. This patient presents with Major Depression and psychological difficulties that have been determined to be industrial related. He also has difficulty with prescription drug use at a level that could be life threatening. Based on a review of his medical chart, that this patient has severe Major Depression and would likely benefit from psychotherapy. The guidelines (ODG) for the treatment of severe major depressive disorder with psychotherapy recommend its use in conjunction with medication or electro convulsive therapy. 13-20 sessions of therapy can be provided if progress is being demonstrated. According the ODG (June 2014 update) a total of up to 50 sessions can be provided with sufficient documentation of progress and improvement. This request for 8 sessions is shown to be reasonable and medically necessary.