

Case Number:	CM14-0023656		
Date Assigned:	05/12/2014	Date of Injury:	10/01/2011
Decision Date:	07/14/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

The records which were provided for this independent review reveal that this is a 40 year old male who reported an industrial/occupational work-related injury on October 1, 2011. The patient was a mechanic of agricultural machinery; he was responsible for repairing the machines, using a backhoe, and driving a semi-truck. On the date of the injury, he was driving a truck when it lost traction and slid down into a ditch, he hit his head on the steering wheel and was ejected from the car injuring his left hip and upper back, landing on his left side and also injured his neck and left shoulder. It was a severe accident that resulted in a head injury and having his neck immobilized and he spent several days in the hospital. He was not able to return to work since the date of injury and is being treated with conventional pain management medicine procedures and medications; the records state that he may require future surgery. He described significant symptoms of depression including sadness, frustration, reduced pleasure, and increased concerns about his financial future and ability to take care of his family. He also reports generalized anxiety and worry. The patient has a diagnosis of Mood Disorder due to Medical and Orthopedic condition, with mixed emotional features; and Generalized Anxiety Disorder. There is also a r/o anxiety disorder due to medical and orthopedic condition with generalized anxiety. An alternative diagnosis has been presented of Anxiety Disorder NOS, and Pain Disorder with both medical and psychological factors. He is being prescribed Effexor for his psychiatric symptoms. He reports anxiety, fatigue, fear, sleep disturbance, irritability, feeling guilty, and excessive worry. A Psychiatrist and a Clinical Psychologist have both recommended he receive up to 20 sessions of individual psychotherapy therapy. As of January of 2014 the patient had completed 4 sessions of group cognitive supportive psychotherapy, a request was made for an additional 12

sessions and was non-certified. This review will address the request to overturn the denial of treatment decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL PSYCHOTHERAPY VISITS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-25.

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, Cognitive Behavioral Therapy June 2014 Update Pages 7-8.

Decision rationale: According to progress notes for the first four sessions that the patient has participated in the notes indicate that he has been motivated to attend his therapy and appears to be benefiting from the psychotherapy visits: he is interacting well with the other group members and is able to discuss both cognitive and distraction strategies useful in helping him to cope with his chronic pain condition. The treatment denial rationale was stated as insufficient documentation of objective functional improvements to support additional therapy sessions. I carefully reviewed of this patient medical records and it is my contention that sufficient documentation of improvement has been submitted and that the additional sessions should be granted. There are ample notes stating his mood was improved and there was some decrease in his pain levels. I believe that it would be very important to have this patient continue in therapy and he should be seen by a [REDACTED] rather than via [REDACTED] if possible. In addition, transitioning him from group to individual psychotherapy if possible should be considered. Documentation of functional improvement, if any occurs is required. According to the ODG guidelines for psychotherapy 13 to 20 sessions may be provided as long as progress is being met and that the treatment provider should be assessing for symptom improvement during the process so treatment failures identified early and redirected towards alternative forms of treatment if appropriate. The request is medically necessary and appropriate.