

Case Number:	CM14-0025152		
Date Assigned:	06/11/2014	Date of Injury:	04/21/2010
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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:

Based on the records provided for this independent medical review, this is a 37 year old male patient who reported an industrial/occupational work-related injury on April 21, 2010. The injury reportedly occurred when the patient was picking up four 12-foot long wood planks approximately 100 lbs. He felt immediate pain in his low back and subsequently required lumbar surgery is performed including a second surgery for a spinal fusion. He remains in severe pain and has limited ability to engage in normal daily functioning. He has been diagnosed with Depressive disorder NOS moderate to severe without psychosis, and Pain Disorder associated with both psychological factors in a general medical condition; as well as Psychological factors affecting medical condition, and sleep disorder due to medical condition disorder. The patient is having symptoms of severe depression and sleeping difficulties. A request for psychotherapy one time weekly for 24 sessions, and a request for psychiatric diagnostic evaluation 1 time every 4 weeks (12 psych diagnostic evaluation sessions per year) was not certified. A modification was offered for one psychiatric diagnostic evaluation with total non-certification of all the psychotherapy sessions. This independent medical review will address a request to overturn the decision of not certification on both of these issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY - 1 TIMES WEEKLY FOR 24 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: With respect to psychotherapy and the MTUS Chronic Pain Guidelines, an initial trial of 3 to 4 psychotherapy visits held over a two-week period should be offered; and with evidence of objective function improvement, a total of up to 6 to 10 visits can be offered over a five to six week period of individual therapy. The ODG is somewhat more generous and states that up to 13 to 20 visits over a 27 to 20 weeks of individual sessions can be offered if progress is being made. That the treatment provider should be evaluating improvement during the process so the treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Furthermore the ODG notes that in some cases of severe major depression or PTSD up to 50 sessions can be offered if progress is being. This request for 24 sessions at the outset of treatment initiation is not conforming to these guidelines and is excessive in that it negates the needed initial block of sessions to assess for treatment response and progress and suitability for continued treatment. Also, 24 sessions exceeds the maximum of 13-20 sessions by 4 sessions. As such, the request is not medically necessary and appropriate.

PSYCHIATRIC DIAGNOSTIC EVALUATIONS 1 TIMES EVERY 4 WEEKS (12 PSYCH DIAGNOSTIC EVAL SESSION /1YEAR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

Decision rationale: The request for an entire year's worth of follow-up without assessing the patient's progress and continued medical need is again not within the MTUS Chronic Pain Guidelines. This request was not completely denied by Utilization Review, only that one (1) diagnostic evaluation is sufficient rather than 12. Based on the MTUS Chronic Pain Guidelines, the request for 12 psychiatric diagnostic evaluations is not medically necessary and appropriate.