

<b>Case Number:</b>	CM14-0034833		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Board Certified in Psychiatry 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 claimant is a 28-year-old male with date of injury 3/17/2008. Date of the UR decision was 2/27/2014. Mechanism of injury was physical injuries while he was in the [REDACTED]. Report from 01/16/2014 indicates that he complained of constant back pain, which worsened with any activity. He underwent a right knee meniscectomy. It is indicated that he saw a Sports Psychologist a part of team requirement. However, from 01/03/2012 until present time, he has been following up with a Psychologist which was weekly for the first 6 months and then it was continued as monthly sessions. Report from 1/16/2014 listed subjective complaints of loss of interest in usual activities, sleep disturbance, agitation, fatigue, crying spells, loss of energy, feelings of worthlessness, irritability, feelings of mistrust, loss of energy, inappropriate guilt, dizziness, tachycardia, back pain, neck pain, right shoulder pain and bilateral leg pain. Beck Depression Inventory (BDI) score from 1/16/2014 was 38 (suggestive of severe depression), Beck Hopelessness Scale score of 19 (severe hopelessness), Beck Anxiety Inventory (BAI) score 24 (moderate range of anxiety). Diagnosis listed per that evaluation were Depressive disorder not otherwise specified (NOS), Anxiety disorder NOS and Adjustment disorder with mixed anxiety and depressed mood.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cranial Electro-Stimulation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Electroconvulsive Therapy (ECT).

**Decision rationale:** Report from 1/16/2014 listed subjective complaints of loss of interest in usual activities, sleep disturbance, agitation, fatigue, crying spells, loss of energy, feelings of worthlessness, irritability, feelings of mistrust, loss of energy, inappropriate guilt, dizziness, tachycardia, back pain, neck pain, right shoulder pain and bilateral leg pain. BDI score from 1/16/2014 was 38 (suggestive of severe depression), Beck Hopelessness Scale score of 19 (severe hopelessness), BAI score 24 (moderate range of anxiety). Diagnosis listed per that evaluation were Depressive disorder NOS, Anxiety disorder NOS and Adjustment disorder with mixed anxiety and depressed mood. Per Official Disability Guidelines (ODG), electroconvulsive therapy (ECT) is the next step in the evidence based treatment protocol when the individual does not respond to antidepressant medication and cognitive therapy. In this case, it is suggested that the injured worker has undergone psychotherapy, however there is no evidence of failure to antidepressant medication therapy or resistance to pharmacotherapy that have been tried for the psychiatric symptoms that he is experiencing. The request for electroconvulsive therapy is not medically necessary at this time.

**Individual Psychological Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness Chapter, Cognitive Therapy for Depression.

**Decision rationale:** The submitted documentation suggests that the injured worker has received psychotherapy on an ongoing basis. It is suggested that from 01/03/2012 until present time; he has been following up with a Psychologist which was weekly for the first 6 months and then it was continued as monthly sessions which seemed to be ongoing at least until 1/16/2014. There has been no mention regarding the number of total sessions completed so far or any information regarding evidence of objective functional improvement. The request does not specify the quantity of Psychotherapy sessions being requested. It appears that the injured worker has already exceeded the number of sessions recommended per the MTUS and the Official Disability Guidelines (ODG). The request for Individual Psychological Treatment is not medically necessary at this time.

