MAXIMUS Federal Services

Case Number:	CM14-0036056		
Date Assigned:	06/23/2014	Date of Injury:	04/05/2003
Decision Date:	09/05/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 that were provided for this independent review, this patient is a 45-year-old male who reported an industrial injury on April 5, 2003 during the normal course of his work duties for [redacted]. The cause of the injury was not noted in the paperwork provided for this review. The patient is status post bilateral laminectomy, and surgical intervention with hardware. He reports ongoing leg and back pain and depression symptoms including: anxiety, frustration, worry, tension, sad feelings, and concern about his chronic pain condition with hopelessness and a pervasive sense of dysphoria. He had a psychological evaluation conducted in January 2013, and again in January 2014. At the time of the first psychological evaluation he was diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic; and it was recommended that he begin psychological treatment. Although he did have one or two sessions he had to discontinue treatment because he was involved in divorce/custody proceedings which are now resolved. In the January 2014 psychological evaluation, conducted by the same psychologist, his diagnosis was changed to Dysthymic Disorder. A request was made for 16 sessions of individual psychotherapy to help the patient cope with his psychological symptoms of depression that have resulted from his industrial injury. The request was non-certified with a modification of offered; this independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen sessions of individual psychotherapy: 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) Mental and Stress Chapter - Cognitive Therapy for Depression.Official Disability Guidelines (ODG) Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): Page 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: According to the MTUS treatment guidelines for cognitive behavioral therapy, patients who are properly identified should be offered an initial trial of 3 to 4 sessions of treatment. All psychotherapy treatment programs should begin with this initial short brief trial as a way to ensure that the patient is responding to the treatment and is a good candidate for continued therapy. Additional sessions may be provided as long as the patient has demonstrated objective functional improvement as a result of his initial trial of treatment. Additional sessions are contingent upon functional improvement rather than based solely on symptomology after the initial trial of treatment is completed documentation of objective functional improvements must be provided for additional sessions to be offered. According to the ODG guidelines 13-20 sessions can be offered to patients as long as they are making progress in their treatment. Typically they're not all requested at the same time but requested in smaller blocks so that progress can be assessed as well as ongoing medical necessity. I have done a complete review of all the medical records that were provided to me, which consisted only of 56 pages. It is unclear whether or not this patient, who was injured over 11 years ago in 2003, has already had prior psychological treatment. Any request for future sessions should address this. The medical records that were provided did clearly state that he has not had any prior treatment other than one or two sessions that were discontinued rapidly due to legal complications. However this appears to be related to the most recent course of treatment and does not address any prior treatments that have occurred in the past 11 years. The request for 16 sessions ignores the need for an initial treatment trial, and is excessive in quantity as it is essentially requesting the entire treatment block at the outset ignoring the need for ongoing process update to demonstrate continued medical necessity. The finding of this independent review is that medical necessity has not been demonstrated for 16 sessions.