

Case Number:	CM14-0037278		
Date Assigned:	06/25/2014	Date of Injury:	03/28/2001
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 a licensed Doctor of 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:

Based on the records provided for this independent medical review, this patient is a 59 year old male who reported an industrial/occupational work-related injury on March 28th 2001. At that time the patient suffered a very severe injury when he fell approximately 20 feet while working on a telephone pole; he suffered spinal injury of his neck, back and possible head with severe chronic pain resulting and surgical interventions of spinal fusion and placing hardware and then subsequently removing the hardware. He continues to have chronic pain as a result of this with significant limitations on him physically and emotionally, he has developed Major Depressive Disorder. A request for "unknown number pain psychology sessions -3 visits per month" was made, and non-certified. This independent medical review will address a request to overturn the non-certification of treatment allowing him to continue psychology treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown pain psychology sessions (3 visits per month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapter, Mental Illness and Stress- 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 chapter, topic cognitive behavioral therapy pages 8-9.

Decision rationale: I conducted a carefully and comprehensively review of all of the medical reports and records that were provided for this independent review which consisted of approximately 130 pages. Given the severity of the patient's injury and the ongoing nature of his chronic disability that resulted and the subsequent depression that he has experienced as a result of the impact of the injury on his life, it is clear that there is ongoing psychological symptoms that have resulted for this patient. The difficulty with the request to overturn the denial of continued psychotherapy is that it is unclear how many sessions the patient has had already psychotherapy for his depression. I found one note in particular that stated that he has had approximately three sessions per month for "many years now." Making a determination on whether to overturn the request for additional sessions the guidelines have to be taken into consideration and they require: 1. that improvement is demonstrated based on the prior sessions that have been offered and secondly that the total number of sessions falls within the guidelines. With respect to this first issue, and based as well on the detailed progress notes provided by the treating therapist, it appears that the patient has been making progress in his therapy sessions in terms of maintaining stability of his psychology psychological mindset and helping him to get through the challenges that he faces on a daily basis and navigating the work comp system; so in that respect, I disagree with the original Utilization review decision that inadequate information was provided documenting and demonstrating progress being made as would be expected in the ongoing chronic situation. However it seems very clear that this patient likely exceeded the maximum number of sessions allowed in the guidelines. The official disability guidelines ODG (June 2014 update) states that a patient may have 13 to 20 visits of psychotherapy if an initial trial facilitates objective improvements in the patient. It also states that in cases of Severe Major Depressive Disorder or PTSD that additional sessions up to 50 can be provided. However as previously stated, the total number of sessions at this patient has of treatment to date has not been stated clearly so it's impossible to know exactly how many he has had; but if the patient had 3 sessions a month for several years it's safe to assume that he has exceeded the 13 to 20 sessions are allowed by the guidelines. Also, although he is suffering from Major depression the level of intensity is not rated and in fact no clear documentation regarding his diagnosis was provided other than references to an unspecified Depressive disorder. This case is difficult because it does appear that the patient has ongoing need for supportive, however at this time is not possible, based on the information provided to authorize the additional sessions as requested. Therefore the request to overturn non-certification of treatment cannot be approved. The request is not medically necessary and appropriate.