

Case Number:	CM14-0038586		
Date Assigned:	06/27/2014	Date of Injury:	06/24/2010
Decision Date:	08/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 Licensed 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 provided for this independent medical review, this patient is a 37 year old male who reported an industrial/occupational work-related injury on 6/24/10. The injury occurred during his normal usual and customary work for [REDACTED] as a stocker. He had worked hard during the day to unload a lot of pallets and stocked shelves when he went home and slept and could not get up to go to the bathroom and was in severe pain down his lower legs bilaterally. He could not move his legs he was taken to the emergency room. He is subsequently had two surgeries without significant improvement. He's presenting with depression and anxiety, he is crying, irritable, and frustrated, has severe insomnia and very difficult emotional reactivity to his limitations including sexual problems and playing with his children. He has been diagnosed with Pain disorder due to a general medical condition, Major depression, moderate, single episode and Anxiety disorder not otherwise specified. A request for 8 sessions of psychotherapy was non certified with a modification offered for four sessions. This independent medical review will address a request to overturn the non-certification with modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy times (8) sessions for depression: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Mental Illness & Stress Procedure Summary.

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 psychotherapy guidelines, June 2014 update.

Decision rationale: The Utilization Review denied this request for 8 sessions of psychotherapy. The patient's diagnosis was marked by severe symptomology. He was receiving prior treatment with a different psychologist that was located too far away for the patient to participate regularly; but this prior treatment did result in his improving. This request for 8 sessions was modified by UR to 4 sessions, essentially treating it as a new, first time this is a new request for treatment and should therefore be required to have an initial block of 4 sessions (consistent with MTUS guidelines for initial treatment stating 3-4 sessions), and that subsequent sessions will depend on the outcome of these 4 sessions. Ongoing assessment of his progress is needed, but it can be done after the 8 sessions are completed as he has already shown reasonable outcome progress given his condition. According to the ODG (June 2014 update) of for cases of Major Depression with a rating of severe, patients may have up to 50 sessions if progress is being made, which it does appear to in this case. Therefore, I request to overturn the non-certification . The request for outpatient psychotherapy times (8) sessions for depression is medically necessary.