

Case Number:	CM14-0039325		
Date Assigned:	06/27/2014	Date of Injury:	05/01/2009
Decision Date:	08/12/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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, Neurology & Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 89 pages of medical and administrative records. The injured worker is a 57 year old male whose diagnosis is major depressive disorder, severe. His date of injury is 05/01/2009 at which time he experienced increased pain in his lower back with numbness and tingling in his lower back and legs. He continued to suffer from ongoing pain to his neck and back, and was treated with epidural injections. A PR2 of 12/2/13 by ██████████ documented that the patient's objective findings were depressed mood, anxiety, chronic pain, irritability and insomnia. Subjectively the patient reported that psychotherapy helped him overcome feelings of depression, anger, and irritability. A PR2 by ██████████ of 01/14/14 noted that the patient had been prescribed Prozac for depression and Ambien for insomnia, and that he was more depressed, with an average of 4-6 hours of sleep per night. He had been taking those medications for more than two years. On 04/17/14 ██████████ wrote a medical-legal supplemental report in response to his request for authorization for psychotherapy having been denied. He summarized that in 03/08 the patient met criteria for Adjustment disorder with mixed anxiety and depressed mood, chronic, and his Beck Inventories were in the severe range. In 09/13 his diagnosis was amended to major depressive disorder, single episode, severe due to his persistent depressed mood, sleep disorder, tearfulness, and anxiety. ██████████ described that the patient had seen a staff psychotherapist 35 times in 2013, and a staff psychiatrist eight times in 2013 for prescription and medication monitoring. The issues to be addressed in psychotherapy were his depression and anxiety associated with chronic pain, physical limitations, inability to work, and uncertain future as he felt that he could no longer drive a bus. He had thoughts of suicide but denied plan or intent. He was sleeping four to six hours per night and was irritable, angry, socially withdrawn and tearful. His self-confidence and self-esteem were diminished, and

he was having difficulty with concentration, remembering, focus, and making effective decisions. Medications included Prozac 40mg every morning and Ambien CR 5mg nightly. I reviewed the psychotherapy provided from April-December 2013. They deal with frustration management, increased pain, the role of enjoyed activities and irritability. In October 2013 mention is made of reviewing his progress in treatment, but this is not detailed. The month of November was spent discussing issues involving the patient's cat. In 12/13 they discussed controlling ruminating thoughts.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Weekly Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

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

Decision rationale: This patient suffers from major depressive disorder, single episode, severe. In addition to individual psychotherapy, the patient was prescribed Prozac and was being monitored by a psychiatrist. In 12/13 the patient subjectively reported that psychotherapy helped him overcome feelings of depression, anger, and irritability. In 01/14 [REDACTED] described him as objectively more depressed. Psychotherapy notes ranging from 04/13-12/13 do not show any evidence of functional improvement in the patient's anxiety or depressive mood, or in his ability to return to work. There were no rating scales provided to substantiate or further elucidate the patient's depression/anxiety symptoms. The patient continued to receive psychotherapy beyond CA-MTUS guidelines (after the initial trial visits) of a total of 10 visits over 5-6 weeks (the patient had 35 sessions in 2013 alone), despite the lack of functional improvement. Furthermore, a month spent discussing the patient's pet would hardly seem to qualify as functional improvement. As such, this request is not medically necessary.