

Case Number:	CM14-0040046		
Date Assigned:	06/27/2014	Date of Injury:	05/30/2008
Decision Date:	08/07/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

Records that were provided for this independent review reveal that this patient is a 68-year old male who reported an industrial/occupational work-related injury on May 30, 2008. The injury reportedly occurred during his normal and usual work duties for [REDACTED] as a bus driver. At that time he suffered injury to his left shoulder, left knee, and left hip. He was driving a bus for disabled persons, he had exited the bus to assist the disabled passenger into their home and while walking back he tripped and fell. He has not been able to return to work. He's had conventional treatments including physical therapy multiple left shoulder surgeries, a chiropractic visits as well as conventional medical treatment. He has participated in psychiatric treatment including the use of psychotropic medication. Although there is one mention of prior psychotherapy sessions (unspecified quantity and outcome), this is a request for initial psychotherapy treatment. He reports being a hard worker all his life, and that hard work as a part of his identity. There is significant suicidal idealization with various plans including overdosing on medication, using a gun, and driving his car off the road or using his car as a way to end his life. He is been diagnosed with major depressive disorder, single episode, moderately severe; and Panic Disorder with Agoraphobia. The request was made for individual psychotherapy sessions 45 minutes in duration to be held for four weeks. The request apparently was non-certified and this independent medical review will address a request to overturn the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 45 minutes x 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines for Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.

Decision rationale: According to the MTUS treatment guidelines the initial request for cognitive behavioral therapy should include a trial of treatment consisting of 3 to 4 psychotherapy visits over a two week period and that with evidence of objective functional improvement, total of 6 to 10 visits over 5 to 6 weeks can be offered. Based on the ODG treatment guidelines see June 2014 update, 13 to 20 visits can be offered if progress is being made and in cases of severe depression, which were applied to this case, the 50 may be offered if progress is being made. Based on the records that I've reviewed the patient is clearly severely depressed and struggling with suicidal ideation. Psychological treatment for this patient is medically necessary and should be started as soon as possible if it has not already been started. If the actual request is really for 12 sessions then it was correctly modified by utilization review downward to four sessions and were to be compliant with the MTUS procedural requirements for initial trial of treatment. Assuming that this request is for four sessions, it is in compliance with MTUS guidelines and should be approved. My decision is the Individual psychotherapy 45 minutes x 4 weeks is medically necessary.