

Case Number:	CM14-0041702		
Date Assigned:	06/20/2014	Date of Injury:	12/04/2006
Decision Date:	09/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Texas. 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 184 pages of medical and administrative records. His primary diagnosis is depressive disorder NEC. The injured worker is a 46 year old male whose date of injury is 12/04/2006, at which time he was loading heavy equipment onto a truck. He experienced pain in his lower back radiating to both legs and neck. He also developed blood clots. He received physical therapy, injections for the blood clots, lumbar epidural steroid injections, Coumadin, pool sessions. Lap band surgery was recommended for weight loss and to alleviate back pain. He has a history of diabetes controlled with oral medications, morbid obesity, and hypertension. He had a psychiatric consultation on 01/20/10 with [REDACTED] showing him to be intense, irate, dysphoric, suspicious, irritable, and angry (screaming during the first 30 minutes of the interview). He claimed that physicians from [REDACTED] had made attempts on his life and that the insurance carrier prevented him from going to his mother's funeral as he was under surveillance and could not get permission. He was given the diagnosis of major depressive illness, psychotropic medications and psychotherapy were recommended. His latest orthopedic diagnosis is thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis. Review #1059697 of 11/11/13 shows that the patient had by that point received 16 psychotherapy sessions with benefit, and an additional 8 were certified. On 12/14/13, the patient underwent gastric bypass, having been at a weight of over 400 lbs, which he tolerated well. There is a medical legal evaluation of 04/01/14 by [REDACTED] after evaluating the patient on 03/25/14. The patient was initially seen on 04/23/13 for evaluation and assessment for treatment of his psychological symptomatology due to his industrial injury, and his history was outlined. The patient was then diagnosed with depressive disorder NEC, anxiety disorder NOS, and pain disorder associated with psychological factors and general medical condition.

Since that time, he received individual treatment with [REDACTED] and felt that it was beneficial. He had become more socially active and his relationship with his wife had improved, but since discontinuing treatment, problems have arisen again. He also attested to having seizures due to increased stress and lack of treatment. Medications at the time of this evaluation included metformin, Baclofen, Simvastatin, Benicar, warfarin, lorazepam, furosemide, Nexium, Klor-con, Actos, hydrocodone-apap, and glyburide. The patient reported feeling depressed more than half of the time due to ongoing physical pain and his current situation. He suffers from episodic tearfulness, social withdrawal, low motivation, lack of interest and pleasure, difficulty concentrating with episodes in which his mind goes blank, feelings of worthlessness, hopelessness, and helplessness. Pain interferes with sexual functioning and loss of libido. He complained of difficulty initiating and maintaining sleep due to pain, with rumination at night due to his situation, with a general feeling of fatigue and loss of energy as a result. He uses a CPAP machine. He attested to suicidal ideation without plan or intent. He also complained of anxiety more than half of the time due to his physical condition, manifested by inability to sit still, irritability, impatience, restlessness, excessive worry, and becoming easily angered. He was attending therapy sessions and taking medications. His depressive disorder was then classified as major depressive disorder single episode moderate. His pain rating at worst was 7/10, average was 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 Individual Psychotherapy Sessions: 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) Psychotherapy Guidelines. ODG guidelines, Mental illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Therapy for Depression.

Decision rationale: The patient had used 16 psychotherapy sessions as of 11/11/13, with an additional 8 certified, for a total of 24 sessions. The patient felt that this was beneficial. However, ODG notes that the gold standard for treatment of depression remains psychotherapy in combination with medication management. The patient did not appear to be on any psychotropic medications to manage his depression. There were no specifics mentioned of the coping skills, if any, utilized in this treatment towards pain management or his other medical/psychiatric comorbidities. In addition, the maximum recommended psychotherapy sessions recommended by ODG is 20 over 13-20 weeks with evidence of objective functional improvement; this patient has exceeded this guideline. Further, records provided do not reflect any significant functional improvement. There were no additional records which were more current available to review. Therefore, the request for 12 Individual Psychotherapy Sessions is not medically necessary and appropriate.