

Case Number:	CM14-0045344		
Date Assigned:	07/02/2014	Date of Injury:	11/06/2008
Decision Date:	09/12/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 that were provided for this independent medical review, this patient is a -year-old male who reported an industrial/occupational work-related injury on November 6, 2008. This date of injury refers to a specific injury of the right wrist and hand that occurred while lifting boxes, but there is also a claim for continuous trauma between August 21, 2006 and November 6, 2008. He reports chronic neck pain that has resulted from a nonindustrial related motor vehicle accident in 1997 in which his car overturned, he lost consciousness, and suffered severe whiplash. He has a chronic history of neck, upper back, and right shoulder status post the above mentioned MVA accident. The current pain condition is an aggravation of this injury due to repetitive strain and motion while at work for █████ as a mail package carrier. There is a report of him stating he has tremendous pain in his neck that radiates down the shoulder into the right arm with numbness and weakness. He presents as severely and profoundly depressed and homeless. He is status post cervical spinal cord fusion with hardware from October 21, 2013 and status post right wrist injury surgery March 2010. There are several summaries provided of his medical charts that contain numerous references to his chronic pain condition causing reactive depression with the notes made by physicians, progress notes related to prior psychological treatment were not provided. There is a treatment update that he was terminated from work and has no income and was unable to pay his rent and became homeless with him sleeping in his car temporarily which increased his neck pain considerably as well as his emotional stress levels. By March 2014 he found a place to stay also temporarily house sitting. There is active and severe suicidal ideation and one re on Valentine's Day that occurred by him taking a large overdose of medication. The patient reports that he has not had any prior psychological treatment. He has been diagnosed with: Major Depressive Disorder, Single Episode, Moderate to Severe; Pain Disorder Associated with Psychological Factors; and Personality Disorder, Diagnosis Deferred.

A request was made for six sessions of cognitive behavioral therapy for depression from right wrist/neck. The request was noncertified by utilization review with a rationale of offering a modification for four sessions. This independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral therapy sessions for depression from right wrist/neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23 -24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: The request is for an initial beginning treatment program. A statement made in a recent psychological evaluation is that the patient has had no prior psychological therapy. According to the MTUS treatment guidelines appropriately identified patients should be given an initial trial of treatment to ensure that they are responding to it, the term objective functional improvement is used to guide decisions on whether or not a patient can have additional treatment. After the initial four sessions are completed if the patient has made objective functional improvements then additional sessions can be offered. The official disability guidelines, ODG, psychotherapy guidelines for cognitive behavioral therapy for the treatment of depression, states that: studies show that a 4 to 6 session should be sufficient to provide evidence of symptom improvement, functioning and early in life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. Although the utilization review rationale for non-certification of this treatment request provided for 4 sessions as an initial trial and appropriately quoted the MTUS guidelines, after review of this patient's case, the more generous official disability guidelines which are after six sessions and mentioned extended treatment is much more likely to be of benefit to this particular individual given his recent suicide attempt, having not had any prior psychological treatment, the state of crisis that he is in currently in life situations, and that surgical intervention is not resulted in significant healing as of yet. Furthermore the ODG recommends that patients can have 13 to 20 visits maximum if they are making progress in their treatment. Patients with Severe Major Depression and/or PTSD can be offered up to 50 sessions if they are making progress in the treatment and if it is still medically necessary. In this case medical necessity for psychological treatment is unequivocally demonstrated. This patient's depression appears to be in the severe range, thus qualifying him for the extended treatment IF he responds with objective functional improvement. It will be essential moving forward that these improvements are quantifiable as much as possible with psychological disorders and that the total number of sessions that he has been provided to date is recorded in any future requests. The finding of this independent medical review is that the

request for six sessions of cognitive behavioral therapy meets the criteria for medical necessity and conforms to the ODG treatment guidelines; therefore the request is medically necessary.