MAXIMUS Federal Services

Case Number:	CM14-0052462		
Date Assigned:	07/07/2014	Date of Injury:	09/30/1997
Decision Date:	08/08/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/21/2014

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 provided for this independent medical review, this patient is a 52 year old male who reported an industrial/occupational work-related injury on 9/30/1997. On that date the patient was working on a roof approximately 12-15 feet high when he stepped on a piece of wood that collapsed and he fell to the ground which was on cement, he lost consciousness and injured his right side by fracturing his right elbow and injured his low back elbow surgery was performed on shortly thereafter. Patient continues to have significant and substantial chronic pain in his low back that radiates to legs, feet and all toes; he also has pain in his mid and upper back and neck. He is status post at least 3 surgeries, including a fusion. He had spinal cord stimulator in 2010. Psychologically he has a diagnosis of major depressive disorder, with secondary anxiety; he is also diagnosed with likely post-concussion syndrome; and rules out cognitive disorder not otherwise specified. He reports social isolation and interpersonal difficulties, anxiety obsessiveness crying and loss of enjoyment in life, sexual dysfunction sleep disturbance, and feeling sad all the time with significant hopelessness for the future. A request was made for 12 psychotherapy sessions and was non-certified; this independent medical review will address a request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) psychotherapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and stress chapter, topic psychotherapy guidelines, June 2014 update.

Decision rationale: According to the ODG guidelines, a patient may have 13 to 20 visits maximum if progress is being made. However in cases of severe depression additional sessions, up to 50, may be offered (see June 2014 ODG update). In this case, it appears that additional sessions would be likely to be helpful in continuing the patient to obtain further improvement, and preventing deterioration of his mental condition back to the levels he was at in 2010. In addition, the more flexible ODG guidelines seem appropriate for this patient, in contrast with the MTUS, given the severity of his condition which appears to include some form or head injury related symptoms. Therefore the request to overturn the non-certification of 12 additional sessions of psychotherapy is medically necessary.