

Case Number:	CM14-0053106		
Date Assigned:	07/07/2014	Date of Injury:	08/09/1999
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 55-year-old male who has submitted a claim for major depressive disorder, single episode, severe associated with an industrial injury date of 08/09/1999. Medical records from 2013 to 2014 were reviewed. Patient presented with chronic depressed mood, sleep disorder, tearfulness, and anxiety. Patient had suicidal thoughts. Physical examination showed that the patient was irritable, angry, and socially withdrawn. His self-confidence, self-esteem, and libido were diminished. He was tearful. He had difficulty in concentrating, remembering, and focusing his attention. Treatment to date has included individual and group psychotherapy, eight sessions with a psychologist, three sessions with psychiatrist, and medications. Utilization review from 03/27/2014 denied the request for Psychotherapy 1 session for 20 weeks because there was no submitted formal cognitive assessment and the etiology of cognitive impairment was unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 session for 20 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s) : 23. Decision based on Non-MTUS Citation ACOEM Opioids Guidelines page 95Occupational Medicine Practice Guidelines, 2nd ed.; pp. 167-238.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23; 101.

Decision rationale: As stated on page 101 of CA MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) is recommended. In this case, patient presented with persistent depressed mood, sleep disorder, tearfulness, anxiety, and suicidal thoughts despite initial psychopharmacology provided. The documented rationale for psychotherapy is to help the patient maintain his stable course and to prevent deterioration in his emotional condition. Psychotherapy goals for this case included: (1) to provide him with a better outlook, (2) to enumerate positive features of his life, (2), to identify elements of recovery, (3) to evaluate patient's sleep hygiene, and (4) to facilitate patient in a return-to work attempt. A letter of appeal, dated 03/06/2014, cited a study from Jacobson & Jacobson recommending that one hour a week for 20 weeks is a substantial trial of cognitive therapy that focuses on managing depression. A study from Pampallona was likewise cited regarding the importance of combining psychological treatment with antidepressant therapy. Given that the patient manifested with persistence of symptoms despite intake of medications and that the provider was able to provide a comprehensive rationale for the request, the medical necessity for psychotherapy has been established. Therefore, the request for Psychotherapy 1 session for 20 weeks is medically necessary.