MAXIMUS Federal Services

Case Number:	CM14-0057157		
Date Assigned:	07/09/2014	Date of Injury:	08/05/2011
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Licensed 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:

According to the records provided for this independent review, this patient reported an industrial/occupational work-related injury on August 5, 2011. The injury reportedly occurred during his normal usual work duties as a landscaping laborer. On the date of the injury there was an accident as he was working to pull grass that was knee-deep and he stepped into a hole with his left foot and as he tried to pull himself free he fell backwards into a drainage ditch and struck himself from the waist to his head. He was quite dazed and suffered blurred vision and difficulty breathing for a while and was taken to the emergency room. Since the date of injury he has had ongoing severe problems with his left ankle that is unstable and painful creates imbalance that requires occasional use of a cane; there is also ongoing low back pain with numbness and tingling radiating into his buttocks down his legs. He reports being unable to work, wash his car ride a bike with his daughter for children going to engage in simple activities that involve parenting to the extent that he sent his children to go live with their mother because of this. He has many symptoms of major depression, including sadness and frustration, irritability social isolation, tearfulness, suicidal thoughts of driving his car into an oncoming vehicle.Psychologically, the patient has been diagnosed with: Major Depression, single episode: Psychological Factors Affecting Physical Condition: Anxiety Disorder, NOS. A request was made for 12 sessions of psychotherapy, it was noncertified. The utilization rationale for non-certification was that the patient has had sessions already and that the request for 12 additional sessions far exceeds the guidelines recommendation (MTUS); also that there was no objective finding of functional improvement submitted report additional sessions, and that the duration of treatment was not specified to allow for assessment of ongoing patient progress. This independent medical 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:

Psychotherapy 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fear-avoidance beliefs Page(s): 23.

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

Decision rationale: I have conducted a careful review of all of the medical records as they were provided to me. It appears that the patient has had a total sessions of psychological treatment provided prior to this request for additional 12 sessions. Unfortunately, medical records that were provided for this review consisted only of copies of a psychological evaluation. There were no progress notes from his prior treatment sessions. I was unable to find a single note from his treating psychologist with regards to what treatments has consisted of and what the results were. Individual session notes that are clearly numbered would be most beneficial but a very detailed summary would've possibly sufficed if it contained all the necessary information demonstrating medical necessity. There were no notes with respect to the total number of session cities had today confirming whether he's had more than 16 or not. There was no indication of objective functional improvement that have been made as a result of his prior treatments. According to the official disability guidelines for psychotherapy, patients may have 13-20 visits of psychotherapy treatment maximum. In cases of severe Major Depression patients may be offered up to 50 sessions (see June 2014 update). There was no indication that his depression levels were severe nor did his diagnosis contain a modifier that indicated the level of depression that he may have. This patient may actually require additional sessions; however, additional sessions are not based on psychological symptomology as much as they are on demonstrating functional improvement based on prior sessions. Functional improvement is defined as an increase in activities of daily living, a reduction in work restrictions (if applicable), and a reduction in the dependence on medical care. None of these were exemplified in the documentation that was provided. In addition, I agree with the utilization review that mentions the need for a smaller block of sessions over a shorter time frame to assess ongoing progress and medical necessity. I'm unable to overturn the utilization review primarily based on these factors.