

Case Number:	CM14-0064475		
Date Assigned:	07/14/2014	Date of Injury:	07/26/2003
Decision Date:	08/13/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 a Licensed Psychologist 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:

The claimant is a 48 year-old male [REDACTED] with a date of injury of 7/26/03. The claimant sustained multiple injuries while working for [REDACTED]. In a PR-2 report dated 10/18/13, [REDACTED] diagnosed the claimant with: (1) End-stage chronic pain syndrome (Linesophobia, bilateral pain adhesive capsulitis, sleep disorder, erectile dysfunction, fecal/urinary incontinence, gastroesophageal reflux disease; (2) Severe left lumbar radiculitis; (3) Cervical spondylosis; (4) Bilateral knee patellofemoral arthralgia; (5) Morbid obesity; (6) Major depression with recurrent suicidal ideation; (7) Narcotic dependency; and (8) New onset diabetes mellitus. Additionally, in an 8/8/13 Agreed Medical Examination (Urology), [REDACTED] diagnosed the claimant with: (1) Epididymo-orchialgia; (2) Erectile dysfunction; (3) Possible prostatitis; (4) Scrotal angioma; (5) Urinary incontinence; (6) Fecal incontinence; (7) Tinea cruris; (8) Orthopedic issues including back pain; (9) Depression; (10) Anxiety; (11) Gastritis; (12) Gastroesophageal reflux disease; (13) Hypertension; and (14) Diabetes mellitus. It is also reported that the claimant has struggled with psychiatric symptoms as well including symptoms of depression with suicidal ideation. In various reports, treating psychologist, [REDACTED], has diagnosed the claimant with Major depressive disorder, single episode, severe. He has received individual and group psychotherapy for several years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 2x Week X 4 Weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavioral Therapy (CBT), Chronic pain.

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 and Stress Chapter Cognitive therapy for depression and the APA (American Psychiatric Association) Practice Guidelines for the treatment of patients with major depressive disorder, Third Edition (2010).

Decision rationale: The CA MTUS does not address the treatment of depression therefore the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA (American Psychiatric Association) Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has had ongoing and consistent pain since his injury in July of 2003. He has also struggled with chronic depression and recurring suicidal ideation. He has been participating in ongoing psychological services including individual and group therapy for many years. The exact number of years of treatment is not known. He continues to participate in an excessive amount of therapy (2X/week) despite being in the maintenance phase of treatment. The guideline indicates that if a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered, with a reduced frequency of sessions. It does not appear that there has been any recent reduction in treatment such as meeting once per week as opposed to twice per week. It is suggested that future services begin this transition. Despite this suggestion, the request for an additional 8 sessions appears reasonable at this time. As a result, the request for Cognitive Behavioral Therapy 2x Week X 4 Weeks is medically necessary.