

Case Number:	CM14-0067468		
Date Assigned:	07/11/2014	Date of Injury:	07/29/2009
Decision Date:	08/11/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

The medical records provided for this independent review reveal that this patient is a 47 year old male who reported an industrial slash work related injury on July 29, 2009. His injury occurred in the normal work duties as a warehouse supervisor when he was pulling a pallet of merchandise when another pallet weighing approximately 900 pounds and double stacked fell on top of him. He has been diagnosed with paraplegic muscle spasticity, and neuropathic pain syndrome as well as multiple severe medical diagnoses that are well documented elsewhere. Psychologically, he is been diagnosed with pain disorder associated with both psychological factors and a General Medical condition; Adjustment disorder with mixed anxiety and depressed mood, chronic, secondary to industrial spinal cord injury (SCI). Additional diagnoses include male erectile disorder, sleep disorder, and cognitive disorder, not otherwise specified. A request for behavioral therapy for spinal cord injury adjustment to disability, six sessions was made and non-certified. 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:

Behavioral Therapy for SCI Adjustment to disability 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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, Psychotherapy guidelines, June 2014 update.

Decision rationale: The utilization review rationale for non-certification of additional psychotherapy sessions that was provided stated that the patient has completed 12 sessions and if there is not sufficient documentation of improvement and that there has been some increase in his anxiety symptoms over the course of the treatment. A review of the patient's medical records found indications that the patient has been able to be somewhat more independent. There is a note that he is having passive suicidal ideation but no intention or plan. His level of depression and anxiety are both rated as severe according to the beck depression inventory. Progress notes reveal that treatment has included monitoring his passive suicidal ideation thoughts and mood closely and helping him to cope with stressors in his daily life; for example related to care giving (inconsistent bowel program), to increase activity levels as is possible, and provide anxiety and pain management; encouraging behaviors such as attending church or walking his dogs and avoiding isolation. According to the ODG treatment guidelines for psychotherapy (see June 2014 update) patients with severe depression may be offered up to a maximum of 50 sessions, if treatment progress is being made. In this case, the patient does appear to be suffering from severe depression and progress is evidenced. Additional treatment is warranted. Therefore the request is medically necessary.