

Case Number:	CM14-0071767		
Date Assigned:	07/16/2014	Date of Injury:	09/20/2004
Decision Date:	08/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 injured worker is a 53 year old male who reported an industrial/occupational injury on September 20, 2004. A correction was provided that the actual date of injury was August 20, 2004. On that date he was trying to move a double rolling rack (over 300 LBS), it became stuck and started to tip. In his effort to keep the rack up right, he injured his low back. He continued to work but had ongoing severe pain. He began to experience depression, anger, and frustration. He was also becoming increasingly anxious and worried about his future. MRI revealed two ruptured lumbar disks and vertebral fracture. Psychologically, the patient was initially diagnosed with Adjustment Disorder with mixed anxiety and depressed mood, chronic. In 2010 his diagnosis was updated to Major Depressive Disorder, single episode, moderate. In late 2007 the patient had a course of 12 sessions of cognitive behavioral therapy, psychotropic medication, and biofeedback training. It is unclear if additional sessions were authorized and if so how many and for how long were used at that time. The patient's psychological treatment from the date that he started up until May of 2013 is unclear in terms of total number of therapy sessions provided, and objective measureable functional improvements achieved. Between May 2013 and May 2014 the patient has had approximately 39 sessions of group cognitive psychotherapy, and he had four sessions of psychiatric consultation. A psychotherapy treatment plan from May 2014 states that treatment will continue to address the following problems: depression, anxiety, physical limitations, inability to work, uncertain future, sleep disturbance, anger and irritability and social withdrawal, difficulty with concentrating and memory attention and coping with routine stress as well as diminished libido. The treatment form to be provided is group psychotherapy. A list of additional treatment goals was delineated. The description of the group therapy states that consists of 60 to 90 minute sessions held on a weekly basis and that "a course of 20 sessions is needed" to meet some of the goals described. A request for weekly psychotherapy treatment times 20 weeks is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Psychotherapy treatment x 20 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: I have conducted a thorough and careful review of the patient's medical records as they were provided to me. It is clear that the patient continues to struggle with psychological symptomology and impairment. The medical records reflect that the patient has had a very minimum 39 sessions of cognitive behavioral therapy accounting only for the past year. Additional courses of psychotherapy have been provided for this patient. According to the Official Disability Guidelines, patients may have 13 to 20 visits maximum if improvement and progress is being made. In rare cases of complex symptomology including severe major depression and (PTSD) Post-traumatic stress disorder, additional sessions up to a maximum of 50 can be provided as long as progress is being documented clearly and being made. In this case this request for 20 additional sessions greatly exceeds even the most generous of guidelines bringing the total to 59 total sessions. On that basis alone this request to overturn the non-certification is not medically necessary. In addition, a request for 20 sessions is the equivalent of approximately five months of treatment. This spans a period of time that is too long to allow for the ongoing process of documenting and submitting medical necessity based on functional improvement, which can be an onerous task. The instead total session request is excessive, and length of time covered is also excessive. The request exceeds by far the most generous parameters provided by the Official Disability Guidelines by which decisions regarding treatment are made therefore, the request is not medically necessary.