

Case Number:	CM14-0071826		
Date Assigned:	07/16/2014	Date of Injury:	10/05/2001
Decision Date:	09/11/2014	UR Denial Date:	05/12/2014
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 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:

The claimant is a 58 year-old male with a date of injury of 10/5/01. The claimant sustained injuries to his shoulder, neck, and back when he fell from a ladder while working for [REDACTED]. In a recent PR-2 report dated 7/9/14, chiropractor [REDACTED] diagnosed the claimant with thoracic spine strain; lumbar spine disc rupture; failed right shoulder surgery; and other problems unrelated to current evaluation. Further, in a 6/11/14 note, [REDACTED] diagnosed the claimant with lumbago; lumbago disc; pain in limb, LE pain; and insomnia - unspecified (pain related depression and insomnia secondary to pain). It is also reported that the claimant has developed psychiatric symptoms secondary to his work related orthopedic injuries. In her 5/23/14 PR-2 report, treating psychologist [REDACTED] diagnosed the claimant with Major depressive disorder. The claimant has been aggressively treated over the years for both his orthopedic and psychiatric injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche follow up #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter, Cognitive Behavioral Therapy; Psychotherapy Guidelines.

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, Psychotherapy Guidelines and on APA Practice Guideline For The Treatment of Patients With Major Depressive Disorder, Third Edition (2010), Maintenance phase (pg. 19).

Decision rationale: The CA MTUS does not address the treatment of depression, therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA 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 vast medical records submitted, the claimant has continued to experience chronic pain since his injury in October 2001. He has also been experiencing chronic depression for several years. In regards to his psychiatric and psychological treatment, the claimant has participated in an extensive amount of treatment. He continues to be followed regularly for medication management. The claimant has continued to participate in individual sessions, sometimes occurring several times per week in addition to group psychotherapy a couple of times per week. The exact number of sessions completed to date is unknown. He has been hospitalized for suicidal ideation as well. Given that the claimant has been deemed MMI from a psychiatric standpoint, it is reasonable to assume that the claimant will need ongoing treatment for maintenance purposes. However, treatment is typically tapered down in the maintenance phase. According to the APA guideline, for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely. During the maintenance phase, an antidepressant medication that produced symptom remission during the acute phase and maintained remission during the continuation phase should be continued at a full therapeutic dose. 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 the claimant's psychological services are being reduced so as to help the claimant utilize the skills learned on his own. Due to the excessive number of sessions already completed and no updated treatment plan demonstrating a tapering of services, the request for a psyche follow up is not medically necessary.