

Case Number:	CM14-0072414		
Date Assigned:	07/30/2014	Date of Injury:	07/10/2013
Decision Date:	09/30/2014	UR Denial Date:	05/09/2014
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:

According to the records that were provided for this independent medical review, this patient is a 60 year 11 month old male reported an industrial/occupational work-related injury on July 10, 2013. I was unable to find any documentation with respect to the nature of the cause of the injury. There is indication that trauma to the head may have occurred. Medically, he has been diagnosed with Lumbago, Peripheral Enthesopathies and Allied Syndromes; Thoracic/Lumbosacral Neuritis/Radiculitis Unspecified; Insomnia. The patient reports symptoms of depression nearly every day and states he cannot enjoy anything and that his sleep is not good because of the pain and the depression and that he is very negative about himself. The patient also reports experiencing feelings of insecurity and worries about his health and feels anxious and nervous nearly every day and that he feels fatigued from the anxiety. He also reports interpersonal irritability and insecurity and losing his temper and finds himself yelling more frequently and feeling isolated and frustrated and alone. He states that he is withdrawing socially and doesn't want to be around people because of the pain and the medication which makes him very sleepy and that he would rather be at home. He reports diminished activities of daily living finds it difficult to fix things at home and to play with his child. Beck Depression Inventory reflects a mild state of depression and the back anxiety inventory reflects a level of severe anxiety. He has been diagnosed with Depressive Disorder Not Otherwise Specified, Generalized Anxiety Disorder, Sleep Disorder Due To a Medical Condition, and Partner Relational Problem - industrial related. A request was made for psychotherapy two times per week (quantity unspecified), the request was non-certified. The utilization review rationale for its decision to not approve this requested treatment is stated that the provider is requesting a psychological evaluation to evaluate the complaints of depressed mood and anxiety that is potentially related to the patient's chronic pain it does not appear that the patient has had an evaluation in the medical

records therefore the request is not certified. 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 2 times per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions 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 rationale: I was unable to determine how many prior sessions of cognitive behavioral therapy the patient has already had, however it is clear that he has had some sessions already because in the request for authorization it is listed as additional cognitive behavioral therapy sessions and that it mentions that the request would be acceptable within the MTUS guidelines state that after an initial set of 3 to 4 sessions a maximum of 6-10 sessions can be provided if progress was made. This request cannot be approved for several reasons; first of all the number of prior sessions has not been provided, this is essential information. Without this information is impossible to know if he has already had the maximum number allowed according to the MTUS or the Official Disability Guidelines. The MTUS guidelines are listed above, the Official Disability Guidelines state that patients were making progress in their treatment after initial successions may have up to a maximum of 13-20 sessions if they are making progress in their treatment. Because the number of sessions that the patient is had to date was not provided, I'm unable to tell whether or not he is already had this amount. I do not agree with the utilization review rationale that the treatment request cannot be approved because of insufficient information and a missing psychological evaluation. There is ample information in the medical chart suggesting that the patient's need for psychological treatment is medically necessary. However, because this request was made for psychotherapy two times a week for an unlimited amount of time the request cannot be approved and is not medically necessary. There's no explanation as to why treatment should be held twice a week. Sometimes this is appropriate in treatment but still it should be documented as to why. Secondly and most importantly there is no specific quantity of sessions being requested. If this request were to be approved, the way it is written, it would be authorizing unlimited weeks of therapy because there's no end date. All requests that reach the IMR process must contain a specific quantity of sessions otherwise it cannot be considered medically necessary. Because medical necessity has not been established, the request cannot be considered as medically necessary.