

Case Number:	CM14-0090103		
Date Assigned:	09/19/2014	Date of Injury:	01/10/2012
Decision Date:	10/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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:

According to the medical records provided for this independent review, this patient is a 53-year-old male who reported a work-related injury that occurred on January 10, 2012. The injury reportedly occurred during his employment with the [REDACTED] which he has been working as a custodian since March 2001. The injury reportedly was to his psyche and occurred during the period of time of April 1, 2011 up to February 10 2012 due to repeatedly being exposed to racial discrimination and/or harassment. He reports being verbally abused and exposed to derogatory language. There is an additional date of injury on file of June 26, 2012 to his psyche as well as G.I. distress in cardiology as well multiple other dates of injury. He reports feeling sad, deflated, and demoralized. His affect is described as being flat. He's been prescribed: Paxoxetine and Trazodone for major depressive disorder and sleep, as well as Abilify for paranoia. The Trazodone was subsequently replaced with Temazepam. Primary treating physician's report states that his workload was effectively doubled when he was transferred to another school and became responsible for 36 classrooms which caused a reoccurrence of bilateral foot pain and he was seen in urgent care. He reports feeling depressed and anxious over the situation with chest pain and cardiac palpitation. Psychologically, he reports symptoms of headache, sleeplessness, loss of self-esteem, panic attack, loss of motivation and stress reaction. He has been diagnosed with panic disorder and depression. According to a treatment note from January 30, 2014, the patient has been receiving ongoing medication management but is not participated in individual psychotherapy. He states that psychotherapy was requested but he did not follow up because "I did not feel like I was the one that needed the help." He has been diagnosed with: Major Depressive Disorder, Recurrent, Moderate; Generalized Anxiety Disorder; Paranoid Personality Disorder; Cannabis and Amphetamine Dependence Sustained Full Remission. According to a comprehensive medical legal psychological evaluation report it

was recommended that the patient continue to be provided psychiatric medication from his current treating psychiatrist and that it would be best for him to have 24 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of psychological treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment, Part Two, Behavioral Interventions,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Topic Psychotherapy Guidelines, June 2014 update.

Decision rationale: I've carefully reviewed this patient's entire medical records as they are provided to me and I do believe that the patient should be offered psychological treatment. According to the MTUS/official disability guidelines ODG patients should be offered an initial treatment trial to determine whether or not they are responding to it favorably. The number of treatment sessions is described in the MTUS as being 3 to 4 sessions and in the ODG up to six sessions for the initial treatment trial. The results of this treatment trial must be reported back after its completion with a determination on whether or not the patient exhibited functional improvement. Objective functional improvement is defined as an increase in activities of daily living, a reduction in work restrictions, and a reduced reliance and dependence on future medical care. If these criteria have been met, additional sessions may be offered up to a maximum of 13-20 sessions. The issue for this case is not whether or not medical necessity for psychological treatment has been established, because it has. The issue here is the quantity of sessions being requested which exceeds the total maximum recommended amount. The utilization review did the patient to have six sessions. I agree with this decision as it conforms with the procedural flow that is outlined in the MTUS guidelines specifying that the patient is entitled to and should be offered six sessions (ODG) as an initial treatment trial; the request for 24 sessions completely negates this requirement. Therefore the finding of this independent medical review is that the original decision made by utilization review was correct when it accepted that the patient does require treatment but only offered six sessions. The request to overturn the utilization review decision is not approved because it is not medically necessary for him to have 24 sessions authorized the commencement of his treatment. Should additional sessions be required it is contingent not solely on patient symptomology but also objective functional improvement.