MAXIMUS Federal Services

Case Number:	CM15-0139882		
Date Assigned:	07/29/2015	Date of Injury:	04/20/2009
Decision Date:	09/03/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 28-year-old male who sustained an industrial injury on 04-20-2009. Diagnoses include major depressive disorder, single episode, moderate, without psychotic features; pain disorder associated with both psychological factors and general medical condition; insomnia related to a general medical condition; and dependent personality features and traits. Treatment to date has included medications, bracing, physical therapy, chiropractic therapy, psychiatric therapy and psychotherapy. According to the Psycho diagnostic Evaluation dated 2-15-2015 and 3-10-2015, the IW reported headaches about twice monthly; neck pain radiating to the right shoulder, arm and hand. The neck pain was rated 7 out of 10; right shoulder pain was constant and rated 8-10 out of 10; right arm pain was constant and rated 8-10 out of 10; right hand pain was constant and rated 9 out of 10. His other complaints included left hand pain with decreased grip strength due to overuse, insomnia, weight gain, fatigue, loss of libido, irritability, sadness, feelings of worthlessness and uselessness, anxiety, decreased concentration and memory difficulties. On examination, his beard was full and unkempt; he wore slippers. His speech was decreased in pace and prosody. He panted throughout the interview, reportedly related to pain. He was disoriented to place, time and circumstance. He was unable to remember one of three items after a brief distraction. He was incapable of performing a basic mental control task. His mood was dysphoric and he became tearful at times and seemed in distress due to his pain. His thought processes were linear and coherent. Physically, his ambulation was slow and he seemed to be in pain with every step. His Beck

Depression Inventory score was 36 and Anxiety Inventory score was 30. A request was made for individual psychotherapy once a week for 18 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1xWk x 18Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23. Decision based on Non-MTUS Citation ODG 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation with [redacted] in February and March 2015. In the subsequent evaluation report dated 5/15/15, [redacted] recommended 18 follow-up psychotherapy sessions following the injured worker's discharge from an inpatient pain management program. The request under review is based upon this recommendation. It appears that the injured worker has had an extensive amount of psychotherapy services as he participated in psychotherapy with [redacted], from at least mid 2013 through December 2014 for an unknown number of sessions. Given the amount of therapy already received, the request for 18 psychotherapy sessions following a discharge from in patient pain management program, appears excessive. As a result, the request is not medically necessary.