

Case Number:	CM15-0149727		
Date Assigned:	08/12/2015	Date of Injury:	05/22/2003
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on 5-22-2003. He reported a slip and fall onto the left side resulting in injury and laceration to the left upper extremity. Diagnoses include dysthymic disorder, alcohol dependence, and major depressive disorder; and status post multiple cervical surgeries, cervical post laminotomy pain syndrome, right thoracic outlet syndrome, and dysphagia secondary to cervical surgery with weight loss. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injections and psychotherapy. Currently, he complained of increased feelings of depressions and anxiety with feelings of worthlessness and hopelessness regarding deteriorating physical abilities. On 7-8-15, the physical examination documented his mood as demure and blunted. There were documented reported of sleep and appetite disturbance, difficulty in interpersonal relationships and irritability. The plan of care included twelve psychotherapy sessions, each sixty minutes long.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy 60 minute sessions x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

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 & Stress, psychotherapy guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for chronic pain with a history of multiple cervical spine surgeries. He is also being treated for major depressive disorder, dysthymia, and has a history of alcohol dependence. Treatments have included psychotherapy. In 2012 he completed 42 treatment sessions. Additional psychotherapy was provided with treatments as recent as January 2015. When requested, he had completed four additional treatments. He had an improved affect. An additional 12 treatment sessions were requested. In term of psychological treatments, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case the claimant has had in excess of the number of treatment sessions over a period of at least three years without evidence of functional improvement. This request was not medically necessary.