MAXIMUS Federal Services

Case Number:	CM15-0164933		
Date Assigned:	09/02/2015	Date of Injury:	06/10/2002
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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 58 year old male, who sustained an industrial injury on June 10, 2002. He reported sharp left shoulder pain. Treatment to date has included x-rays, physical therapy, chiropractic care, toxicology screens, medications, home care, pain management, psychotherapy, MRI, surgery and exercise program. Currently, the injured worker complains of chronic, persistent low back and bilateral lower extremity pain that interferes with his ability to function and engage in activities of daily living. His pain is rated at 8-9 on 10. He also reports increased anger, agitation and frustration, decreased tolerance, anxiety, panic, self- isolation and suicidal ideation. The injured worker is currently diagnosed with major depressive disorder, moderate with anxiety and mental disorder due to chronic pain-physical limitations. A psychotherapy note dated April 10, 2015 states the injured worker is able to address his symptoms and fears; however, he remains fragile and is at risk for psychological decomposition. A letter dated June 6, 2015 states the injured worker is devoted to his daily exercise regimen at [redacted]. A progress note dated July 1, 2015 states the injured worker is currently stable on his pain medication. The therapeutic response to physical therapy and chiropractic care was not included in the documentation. Psychotherapy, 12 weekly sessions, is requested to provide continued support and address the injured workers increased frustration and low tolerance, increase feelings of self-efficacy, encourage increased independence and teach stress management techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 weekly psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Cognitive behavioral therapy for major depression.

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 has been receiving psychological services with [redacted] for several years due to chronic symptoms of depression and anxiety. The request under review is for an additional 12 psychotherapy sessions. In the treatment of depression, the ODG recommends that in "cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." It is clear that the injured worker has received far beyond the recommended 50 sessions. In the 7/28/15 appeal letter, [redacted] reports that the injured worker is in need of additional treatment to prevent decomposition and to help him manage the flare-ups that he experiences. There is minimal evidence that the on-going services thus far have taught the necessary skills to manage and reduce the injured worker's psychiatric symptoms as no consistent progress and improvements have been noted in the recent reports. Additionally, there does not seem to have been any changes in the treatment plan to address the lack of consistent progress or stability. The ODG suggests that "the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate." Given the fact that the injured worker continues to struggle with his symptoms and has been unable to demonstrate a consistent period of stability despite years of treatment, additional treatment without a change in treatment plan appears futile. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.