

Case Number:	CM15-0040538		
Date Assigned:	03/10/2015	Date of Injury:	11/22/2011
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 49 year old male, whose date of injury is 11/22/11 involving cumulative trauma to the low back, right shoulder, leg, both feet, hands, neck and both ankles. The diagnoses have included cervicalgia, lumbosacral neuritis, and internal derangement of the knee, lumbar spinal stenosis, and major depressive disorder single episode moderate. Treatments to date have included medications, surgery, injections, and acupuncture 2 sessions, 12 sessions of psychotherapy, and 4 sessions of biofeedback. Surgery has included carpal tunnel release and right knee arthroscopy. He continues to follow up with psychiatric specialists for depression due to chronic pain, which he finds helpful. A physician felt that a pinched nerve in the low back was causing the weakness and pain in the right knee, a foot specialist told him the foot pain was due to the low back as well. On 10/24/14 a psychological PR2 showed Beck Depression Inventory =34 (severe depression, Beck Anxiety Inventory =27 (severe anxiety), and Pain Catastrophizing Scale = 32 (likely pattern of dysfunctional thinking related to perception and experience of pain). 02/19/15 a PHQ9 was administered, his score of 12 indicated moderate depression. He had completed 12 authorized psychotherapy sessions, and has had at least 3 CBT sessions prior to those. He feels that he is learning to cope with his pain in psychotherapy. Pain was rated 7/10 on pain scale without medication and 6/10 with medications. He continues to suffer from depression and anxiety due to chronic pain. Medications include Cymbalta 60mg, gabapentin 1800mg daily, Voltaren, and Zolpidem 5mg at night. UR of 02/06/15 non-certified the request for an additional 6 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology follow up visits; 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102.

Decision rationale: The patient's diagnosis is major depressive disorder single episode moderate. Prior to his authorized 12 psychotherapy sessions his Beck Inventories were rated in the severe range for depression and anxiety. On 02/19/15 a PHQ9 score indicated that he was in the moderate range of depression, and he felt that he was learning to cope with his chronic pain through psychotherapy. As his scores show improvement in depression, psychological intervention would be indicated at this time so that the patient can have the opportunity to solidify coping skills learned towards dealing with his chronic pain. ODG guidelines state that up to 20 sessions may be allowed if progress is being made, which can be evidenced by psychologic testing tools such as the above, and description of goals set and progress towards these. This request is therefore medically necessary.