

Case Number:	CM15-0043934		
Date Assigned:	03/13/2015	Date of Injury:	02/12/2003
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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 2/12/03. He has reported industrial related major depressive disorder. The mechanism of injury was not noted. The diagnoses have included major depressive disorder, psychological factors affecting medical condition and insomnia due to pain. Treatment to date has included medications, surgery, cognitive behavioral therapy, detoxification program and restoration program. Surgery has included status post non-union pseudoarthrosis and lumbar fusion anteriorly, with posterior fusion and pedicle screw fixation for spondylolisthesis on 2/17/06. Currently, as per the psychiatric physician progress note dated 1/22/15, the injured worker was using psychotropic medications and stated that they were working well. It was noted that Abilify was added for the swings and shifts in mood and to be better able to stand things more. The primary treating physician provided orthopedic treatment at six week intervals. He has recommended a revision of the prior fusion surgery or implantation of a spinal cord stimulator. It was noted that the injured worker has reported ongoing marital strain associated with his irritability, angry outbursts and social withdrawal. He has completed psychological testing suggesting moderate to severe depression, a severe level of anxiety with a severe risk of suicide. He admitted to suicidal ideation but denied intent or plan to act on such thoughts. It was also noted that he has been providing treatment for the injured worker for several years and after careful monitoring and making changes and adjustments, the physician has found that the current regimen of combined psychotropic medications to be the most effective treatment to relieve the injured worker's

symptoms. The Treatment Plan included additional sessions of psychotherapy including cognitive behavioral therapy and medications with psychotropic medications consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, once weekly, for twenty 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 (ODG), Psychotherapy Guidelines.

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 participating in psychological services for the past few years. The injured worker has also been receiving psychotropic medication management services. Although the injured worker remains symptomatic, but more stable than in the past, the request for an additional 20 weekly sessions appears excessive given the years of treatment already completed. As a result, the request for 20 additional weekly psychotherapy visits is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 5 sessions (once monthly for 20 weeks) in response to this request.