

Case Number:	CM15-0236758		
Date Assigned:	12/14/2015	Date of Injury:	08/01/2007
Decision Date:	01/15/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/03/2015

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

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 61-year-old male who sustained an industrial injury on 8-1-2007 and has been treated for major depressive disorder with anxious distress, and insomnia disorder due to depression and anxiety. Psychiatric diagnoses are secondary to his physical diagnoses of lumbar disc disease, lumbar radiculitis, post laminectomy syndrome, and possible failed fusion. He is noted to have chronic pain and disability secondary to his physical injuries. Global Assessment of Function score was documented at 55. On 10-23-2015, the injured worker reported sleep improvement and feeling "slightly calmer" due to Remeron, but stated there was no change in other symptoms including lack of enjoyment; poor concentration, attention and memory; low energy and fatigue; irritability; and, anger. Significant objective findings include impaired attention and concentration, forgetfulness, and the injured worker was having difficulty understanding the symptoms and treatment related to his diagnoses. Documented treatment includes Remeron, and this is his second psychiatric visit, with the initial evaluation performed 9-25-2015. The treating physician's plan of care includes 6 individual psycho-education sessions to help improve insight in regards to his condition related to condition and treatment so he can improve. This was denied on 11-3-2015 citing that he had already been approved for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychoeducation 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Mental Illness and Stress Chapter (updated 09/30/15) Cognitive Therapy for Depression, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: The ACOEM guidelines state that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. A request was made for Individual psycho-education six sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "As noted above, the patient was recently authorized 12 sessions of CBT. The medical records do not establish whether all of these authorized sessions have been completed as well as evidence of functional improvement as a result of this treatment. This information needs to be clarified prior to determine whether additional treatment in this regard is indicated." This IMR will address a request to overturn the utilization review decision. According to the patient's psychiatrist treatment note from September 30, 2015, It is noted that the patient is being prescribed Remeron 15 mg for sleep and that "Individual psycho-education is recommended prior to any other type of therapeutic interventions due to patient low-level education and low general fund of knowledge resulting in poor insight in regards to his condition. Please authorize six sessions. Patient requires an interpreter for all visits." According to the utilization review rationale for non-certification, the patient has been authorized for 12 sessions of cognitive behavioral therapy. No progress notes from these cognitive behavioral therapy treatment were provided for this IMR. Several psychiatric treatment progress notes were found, but these do not appear to be from the patient's CBT, although this could not be determined definitively. No information was provided in the medical records submitted for consideration regarding how much prior psychological treatment including psycho-educational sessions the patient has received since the date of his industrial injury on August 1, 2007. This Information is needed whether or not the patient has received psycho-educational treatment and if so how much. Also missing is the total quantity of prior cognitive behavioral therapy the patient has received to date since the onset of his industrial injury, including outcome, in order to determine whether additional psychological intervention is medically necessary. Because this information was not provided, and because there's no initial psychological intake evaluation that would allow an estimate of this information, the medical necessity of this request is not established. If the patient has not received any prior psycho-educational sessions, and has only completed 12 sessions of CBT in total from all treatment providers from the time of his injury then this request may be appropriate however as mentioned already this could not be determined definitively. Therefore, the request is not medically necessary and is not established.