

Case Number:	CM14-0154205		
Date Assigned:	09/23/2014	Date of Injury:	07/05/2001
Decision Date:	10/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 76 year-old male (DOB 2/25/38) with a date of injury of 7/5/01. The claimant sustained a crush injury to his lower extremities while working for [REDACTED]. The mechanism of injury was not found within the medical records. In his 8/15/14 "Treating Physician's Progress Report", [REDACTED] diagnosed the claimant with: (1) Pain in joint, lower leg; (2) Crushing injury of lower leg; (3) Unspecified disorder bursae tendons, shoulder; and (4) Chronic pain syndrome. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Psychological Status Report" dated 9/5/14, treating psychologist, [REDACTED] diagnosed the claimant with Adjustment disorder, chronic, with mixed anxiety and depressed mood, moderate. The claimant has been treated for his psychiatric symptoms with both psychotropic medications and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 weekly sessions of individual psychotherapy (CBT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy

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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the treatment of adjustment disorder, nor symptoms of depression and anxiety therefore, the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has been experiencing symptoms of depression and anxiety secondary to his chronic pain intermittently since his injury in 2001. It appears that he was hospitalized in 2012 for suicidal ideation. Most recently, the claimant began psychotherapy services with psychologist, [REDACTED]. The date of commencement of services with [REDACTED] is unknown as the psychological evaluation was not submitted for review. In his most recent "Psychological Status Reports" dated 4/11/14 and 9/5/14, [REDACTED] reports that the claimant completed 21 psychotherapy sessions between 2/25/15 through 9/2/14. Given the number of sessions already completed (which exceed the recommended guidelines) and the claimant's slow progress from those sessions, the request for an additional 12 weekly sessions appears excessive. Therefore, the request for additional 12 weekly sessions of individual psychotherapy (CBT) is not medically necessary.