

Case Number:	CM14-0154888		
Date Assigned:	09/24/2014	Date of Injury:	04/19/2000
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
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:

According to the records as they were provided for this independent medical review, this 64 year old male patient reported a work-related injury that occurred on April 19, 2000. The injury reportedly occurred during his normal work duties for [REDACTED] as a troubleshooter. Medically, he has been diagnosed with cervical degenerative disc disease, chronic neck pain, post-operative anxiety, Cervicalgia. He has been diagnosed with: Major Depression, Post-traumatic Stress Disorder, and Circadian Disorder. Patient describes severe fatigue and depression; he mentions having lost his marriage and his career as a result of the injury. He states that he tries to help his father out to get. He is so tired and dizzy that he is unable to do so with very poor memory and that he gets confused and asked to check and double check and even triple check sometimes what he is doing. Medical records indicate that he is "probably suffering from a post-concussion syndrome" that he has marked short-term memory defects, feelings of worthlessness, severe headache, low energy, and very frequent nightmares of being in danger. Treatment is described as being essential, and that the patient "fears for himself." The patient has participated in prior psychological treatment, however, the details and medical records were not provided for this IMR. There is indication that he has seen a psychiatrist and has had at least 12 sessions of psychological therapy. Primary treating physician writes that he is treating with the psychologist and psychiatrist and finds both to be very helpful in particular. An additional note states that he finds his treatment with psychologist to be very beneficial for depression. There are multiple progress notes from his primary treating medical doctor state that he continues to suffer from depression. A request for eight sessions of cognitive behavioral psychotherapy was made, and was partially certified to allow for four sessions treatment and non-certification of the remaining four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy sessions, quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatments & Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part two, Behavioral interventions, Cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress Chapter, topic: Cognitive behavioral therapy, Psychotherapy guidelines, June 2014 update

Decision rationale: A careful review of the medical records that were submitted along with this request for an IMR was conducted. There were no psychological progress reports with regards to the patient's prior treatment that were included in the medical records received. There is no indication of how many treatment sessions the patient has had to date nor is there any reflection of how his progress has been as a result of these prior psychological treatment sessions. According to the MTUS/ODG treatment guidelines for psychotherapy most patients, after an initial treatment trial, may be offered to a maximum of 13-20 sessions if progress is being made in the treatment. Progress is typically defined as objective functional improvements. These improvements must be documented. Additional sessions are not contingent only upon patient symptomology but that they are benefiting from the treatment that is being provided. Because there was no documentation whatsoever with regards to the patient's prior psychological treatments, it is entirely impossible to determine how many sessions that he has had and whether the request being made falls within the treatment guidelines and unclear whether or not this request the definition of medical necessity based on functional improvements derived from prior treatment. Therefore, the request is not medically necessary.