

Case Number:	CM14-0159976		
Date Assigned:	10/03/2014	Date of Injury:	04/05/2011
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Board Certified 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 59 year-old male (██████████) with a date of injury of 4/5/11. The claimant sustained injury to his back and elbows when he was putting boxes away and he tripped and fell backwards from a pallet about 2-3 feet up. The claimant sustained this injury while working as a forklift operator for ██████████. In his "Qualified Medical Evaluation" dated 11/2/12 ██████████ diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Bereavement; and (3) Specific phobia - claustrophobia. In his subsequent "Qualified Medical Reevaluation" dated 9/17/13, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; and (2) Specific phobia - claustrophobia. In his most recent "Qualified Medical Reevaluation" dated 7/29/14, ██████████ confirmed the diagnoses previously given in the 9/17/13 report. In his various PR-2 reports, treating psychiatrist, ██████████, has diagnosed the claimant with Major depressive disorder. In his most recent PR-2 report dated 9/11/14, ██████████ added the diagnoses of Generalized anxiety disorder and PTSD. Although the claimant has been treated for his psychiatric symptoms with psychotropic medications, he has not participated in any psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychoanalysis (24 additional individual psychotherapy sessions for anxiety and post-traumatic stress disorder, 1 time weekly for 6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the use of psychoanalysis nor the treatment of Post-traumatic stress disorder (PTSD) therefore, the Official Disability Guideline regarding the use of psychodynamic therapy to treat PTSD will be used as reference for this case. Additionally, the Official Disability Guideline regarding the cognitive treatment of depression will be used. Based on the review of the medical records, the claimant treated with psychiatrist, [REDACTED] from 5/28/13 to 8/1/13 for a total of 6 sessions. It appears that treatment was discontinued for a period of three months due to not being authorized. However, treatment resumed in November 2013 and the claimant currently treats with [REDACTED] on a monthly basis. As for psychological services, it appears that the claimant has not received any psychological help. In his subsequent "Qualified Medical Reevaluation" dated 9/17/13, [REDACTED] recommended that the claimant "be seen by a psychologist for cognitive behavioral management of his very chronic pain some 10 sessions." It does not appear that this was requested. In his most recent "Qualified Medical Reevaluation" dated 7/29/14, [REDACTED] notes that the claimant "has not undergone psychological treatment with a psychologist as I had previously recommended. Apparently, a psychologist has not been secured who would take Worker's Compensation." It appears that the claimant is in need of psychological services however, the request under review is not an appropriate request as the claimant is primarily struggling with Major depressive disorder not PTSD. Additionally, CBT has been known to be the most effective therapy in the treatment of MDD with the Official Disability Guidelines recommending an initial trial of 6 visits over 6 weeks. Given this information, the request for "Psychoanalysis (24 additional individual psychotherapy sessions for anxiety and post-traumatic stress disorder, 1 time weekly for 6 months)" is not medically necessary.