

Case Number:	CM14-0160139		
Date Assigned:	10/03/2014	Date of Injury:	08/03/2005
Decision Date:	10/31/2014	UR Denial Date:	09/13/2014
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 Psychologist and is licensed to practice in Utah. 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:

This is a 57-year-old man whose date of injury was 8/3/05. He was diagnosed with Depressive disorder NOS because of chronic pain to the neck, shoulder and bilateral knees. A request for 12 psychotherapy sessions made on 6/11/14. The patient had completed 7 sessions in the previous 12 months before the request was made and it was reported that he had responded positively to psychotherapy noting improvement in relationships with family, improvement in level of irritability and that he appeared less anxious and depressed. 6/29/12 an evaluation documented that he remained anxious and dysthymic but stable. The 8/16/12 therapy session documented that he was dysthymic secondary to chronic pain and functional losses. 10/1/13 documented that he had suicidal ideations when first evaluated by the provider but that he was no longer actively suicidal and could benefit from continued psychotherapy. Treatment to date: medications, left knee surgery, carpal tunnel surgery, TENS, physical therapy. The UR determination dated 9/12/14 denies the request for 12 psychotherapy sessions and instead recommends 2 session on the basis that the patient ODG guidelines only recommend 6-10 visits over 5-6 weeks after an initial trial of 3-4 sessions if there is evidence of objective improvement. There are guidelines for additional visits where appropriate for a total of 13-20 sessions over 13-20 weeks when indicated provided there is objective functional improvement. They go on to state additional sessions may be indicated later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Individual Psychotherapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits. This patient has subjective reports of improvement in his depressive symptoms because of psychotherapy and there are numerous subjective remarks made by his therapist indicating symptom improvement. However, there are no documented mental status exams and no depression scales (i.e. ICD-9) provided to yield actual objective evidence of clinical improvement. In addition, the UR determination was modified to allow for two additional therapy sessions. Therefore, the request for 12 psychotherapy sessions does not meet MTUS guidelines and consequently is not medically necessary.