

Case Number:	CM14-0067650		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2003
Decision Date:	08/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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:

Based on the records provided for this independent medical review, this patient is a 56 year old male who reported an industrial/occupational work-related injury on 3/14/2003. Details of the accident are stated as having occurred during his work as a truck driver with injury to his knees and low back; and apparently occurred when the patient struck his right knee against the trailer door. He is had several surgical interventions in 2006 and 2007. Despite conventional treatment modalities the patient is continuing to report severe pain in multiple body areas including hip, low back radiating into right lower extremity, bilateral knee pain, and shoulder (due to use of cane). Medically he is been diagnosed of degenerative joint disease. He reports significant major depression and presented to the emergency room with suicidal ideation in September 2013. At that time he stated intention to overdose on medication due to severe pain in multiple psychosocial stressors he reported severe depressed mood, anhedonia, hopelessness, hopelessness and feelings of worthlessness. He has been diagnosed with major depressive disorder, recurrent, severe. The request for six sessions of psychotherapy was made and non-certified with a modification proposed to allow for three visits, this independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy visits x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter (updated 04/09/2014).

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 & Stress Chapter, Psychotherapy Guidelines, cognitive behavioral therapy June 2014 update.

Decision rationale: According to the ODG treatment guidelines for psychotherapy, June 2014 update, patients with severe major depression may be offered additional sessions up to 50 if progress is being made in the treatment. For most of the patients 13 to 20 sessions may be offered. It appears that the patient has had 15 sessions to date this request for six additional sessions would put him at 21. After a careful and extensive review of the brief medical chart that was provided for this independent review, it appears that this patient would be eligible for additional sessions based on the severity of his mental illness has resulted from his work related injury. However, and unfortunately, I was unable to find any progress notes whatsoever from his psychotherapy sessions nor was there an update from the treating mental health provider regarding the patient's progress or improvements. Therefore, although this patient appears to be eligible for additional sessions over the 20 session maximum, is not possible to overturn this request for treatment request due to insufficient documentation.