

Case Number:	CM15-0111301		
Date Assigned:	06/17/2015	Date of Injury:	07/26/2003
Decision Date:	07/23/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 injured worker is a 50 year old male patient who sustained an industrial injury on 07/26/2003. A secondary treating follow up visit dated 06/04/2014 reported the patient continuing to do poorly with global pain complaints. The Butrans patch had to be discontinued due to local skin irritation and allergy. He remains on Tramadol and Gabapentin treating the pain. The pain is noted poorly controlled. The patient had seen a urologist for complaint of urinary incontinence and has been provided with Vesicare along with further diagnostic testing. He did states having some improvement with incontinence since starting the Vesicare. The patient is morbidly obese. The diagnostic impression found the patient with end stage chronic pain syndrome; kinesiophobia; bilateral shoulder adhesive capsulitis; sleep disorder; erectile dysfunction, hyperactive sexual desire; fecal and urinary incontinence; GERD; severe left lumbar radiculitis; cervical spondylosis; bilateral knee patellofemoral arthralgia; morbid obesity; major depression with recurrent suicidal ideation and narcotic dependence. The plan of care noted recommendation to utilize a transcutaneous nerve stimulator unit as opposed to narcotic therapy. The following medications will remain: Abilify, Cymbalta, Vistaril, Celexa, Seroquel and Gabapentin. The patient received trigger point injections and is to remain permanently disabled. By October 17/2014 the treatment plan consisted of: pending authorization for weight loss program; urinary incontinence pads, pending urologic follow up; and continue with the following medications: Butrans patches, Ultram, and Lyrica. The patient underwent a sleep study polysomnogram on 10/18/2012 which revealed the patient with significant obstructive sleep apnea. May 22/2013 the patient had a severe new onset of diabetes with erratic blood sugars and substantial weight loss. In addition, he is with elevated liver function enzymes

requiring further diagnostic testing of abdominal ultra sound. He was also on watch for suicidal complaints, and required home care assistance. By December 30/2014 the treating diagnoses were: major depressive disorder, single episode without psychological features, and pain disorder associated with both psychological factors and general medical condition. Plan of care continues with recommendation for home care assistance 24/7, individual psychotherapy sessions and transportation to and from appointments. The patient is to remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group therapy 2 times a week for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

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.

Decision rationale: Based on the review of the medical records, the injured worker has received an extensive amount of psychological treatment over the years. It appears that he began treatment with a treating psychologist in 2011. The number of completed sessions in 2014-2015 is unknown as it is not indicated within any of the progress notes included for review. Additionally, the progress notes fail to discuss in detail the progress/improvements made from the therapy and/or the treatment plan changes/accommodations resulting from inconsistent or lack of progress. In the treatment of severe depression, the ODG recommends "up to 50 sessions if progress is being made." Without sufficient information regarding the completed services to date, the need for additional treatment cannot be fully determined. Additionally, the injured worker has already received a substantial amount of psychotherapy. The request for an additional 24 group therapy sessions (2 times a week for 3 months) appears extremely excessive. As a result, the request is not medically necessary.

Individual therapy 2 times a week for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

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.

Decision rationale: Based on the review of the medical records, the injured worker has received an extensive amount of psychological treatment over the years. It appears that he began

treatment with a treating psychologist in 2011. The number of completed sessions in 2014-2015 is unknown as it is not indicated within any of the progress notes included for review.

Additionally, the progress notes fail to discuss in detail the progress/improvements made from the therapy and/or the treatment plan changes/accommodations resulting from inconsistent or lack of progress. In the treatment of severe depression, the ODG recommends "up to 50 sessions if progress is being made." Without sufficient information regarding the completed services to date, the need for additional treatment cannot be fully determined. Additionally, the injured worker has already received a substantial amount of psychotherapy. The request for an additional 24 individual therapy sessions (2 times a week for 3 months) appears extremely excessive. As a result, the request is not medically necessary.