

Case Number:	CM15-0117556		
Date Assigned:	06/25/2015	Date of Injury:	07/22/2012
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 30-year-old male, who sustained an industrial/work injury on 7/22/12. He reported initial complaints of head injury and visual changes. The injured worker was diagnosed as having major depressive affective disorder, and obsessive-compulsive disorder. Treatment to date has included medication, diagnostics, and psychiatric consultation and follow up. Currently, the injured worker complains of impairments of sleep, energy, concentration, memory, emotional control, and stress tolerance. Present symptoms include visual hallucinations, daily migraines, altered eating habits, and sleep interruption due to nightmares. Per the neuropsychological medical evaluation on 5/29/15, there was significant impairment for complex psychomotor problem solving and for incidental learning of complex material, vision is poor, fair attention and concentration. The requested treatments include Cognitive Behavioral Therapy Psychotherapy and Psychological Medical Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy Psychotherapy x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

Decision rationale: ODG Psychotherapy Guidelines recommend "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) The injured worker has been diagnosed with major depressive disorder and obsessive compulsive disorder. He continues to experience problems with his sleep, energy, concentration, memory, emotional control, and stress tolerance. He also experiences visual hallucinations, daily migraines, altered eating habits, and sleep interruption due to nightmares. The documentation suggests that the injured worker has completed some psychotherapy so far, however, there is no clear documentation regarding the number of sessions that have been completed so far or any evidence of objective functional improvement. Based on the lack of this information, the need for additional Cognitive Behavioral Therapy Psychotherapy is not clinically indicated. Thus, the request is not medically necessary at this time.

Psychological Medical Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for Cognitive Behavioral Therapy Psychotherapy is not medically necessary at this time as the documentation suggests that the injured worker has been following up with a Psychologist and has undergone some psychotherapy treatment.