

Case Number:	CM15-0119400		
Date Assigned:	06/29/2015	Date of Injury:	03/17/2013
Decision Date:	08/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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 27-year-old female, who sustained an industrial injury on 03/17/2013. She reported sustaining an injury to the back secondary to holding a client to prevent the client from falling. The injured worker was diagnosed as having major depressive disorder. Treatment and diagnostic studies to date has included psychotherapy of an unknown quantity and medication regimen. In a progress note dated 04/30/2015 the treating psychologist reports that the injured worker has poor progress, a poor prognosis, and unchanged symptoms. Examination reveals the injured worker to be severely depressed, lethargic, with suicidal ideation. The treating physician requested twelve sessions of weekly individual psychotherapy and psychiatric hospitalization noting the injured worker's diagnosis of major depressive disorder along with suicidal ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly individual psychotherapy, twelve sessions: Upheld

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

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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Weekly individual psychotherapy, twelve sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.

Psychiatric hospitalization: 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 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 and Stress hospital length of stay.

Decision rationale: The request for Psychiatric hospitalization is not medically necessary. There is no imminent risk to self or others or acute psychosis documented in the medical records, which would warrant the need for inpatient treatment. Therefore, the request for Psychiatric Hospitalization is not medically necessary.