

Case Number:	CM15-0128497		
Date Assigned:	07/15/2015	Date of Injury:	02/10/1998
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/03/2015

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:

This 47 year-old male sustained an industrial injury to the lumbar and cervical spine on 2/16/98. The injured worker was receiving ongoing psychiatric care for depression. In a psychiatric progress note dated 5/18/15, the physician described the injured worker as cooperative with depressed mood and constricted and anxious affect. The injured worker complained of depressed mood, anxiety, anhedonia, loss of energy, sleep disturbance, hopelessness and impaired concentration. Current diagnoses included major depression with psychotic features and chronic pain. The physician stated that the injured worker was doing a little better. The treatment plan included increasing valium and continuing medications (Celexa, Temazepam, Norco, Advil, Soma and Cialis). The physician recommended a psychology consultation with weekly therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with psychologist consistent with request from Psychiatrist for reactive depression as related to submitted diagnosis left L5 and S1 radiculopathy as out patient:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: The request was non-certified by utilization review with the following provided rationale: "In this case, there is no documentation in the single progress note provided of the patient having any symptoms of depression or anxiety that would require a consult psychology. As such the request is deemed not medically necessary." This IMR will address a request to overturn the utilization review's decision. Although several Psychiatric treatment notes were found, there was virtually no information regarding the patient's prior Psychological treatment included in the 31 pages of medical records submitted for this IMR. There is an indication that he had recently received one session of psychological treatment, however no note from that session. According to a psychiatric progress note from April 13, 2015, it was reported that the patient is feeling very frustrated and angry because psychotropic medication and psychotherapy has not been approved. Also that increased valium has helped with anxiety, but not muscle spasms. The psychiatrist progress note says that "the patient is not doing well." Symptoms of depressed mood, anxiety, loss of energy, sleep disturbance, hopelessness/helplessness, impaired concentration, and anhedonia were mentioned in a psychiatric progress report from December 1, 2014. A psychiatric progress report from October 7, 2013 indicates that the patient should continue psychotherapy without further information provided. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity for the requested treatment is not established by the provided documentation. The patient has received psychological treatment in the past according to the medical records, however there were no psychological treatment progress reports or summaries of the prior psychological treatment provided for consideration for this IMR. Although there were ample psychiatric treatment progress notes, with one exceptions they were from 2013/14. In the absence of information regarding how much psychological treatment the patient has received in the past and what was the outcome of that treatment, if any did occur, the medical necessity of this particular request was not established. Because the requirements for medical necessity per industrial guidelines were not met the utilization reviews decision is upheld. This is not to say that this patient is, or is not, in need of psychological treatment; only that the medical necessity of this request could not be established due to insufficient information /documentation regarding prior psychological treatment. Therefore, the request is not medically necessary.