

Case Number:	CM15-0069780		
Date Assigned:	04/17/2015	Date of Injury:	02/28/2005
Decision Date:	05/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic neck pain, left upper extremity pain, and major depressive disorder (MDD) reportedly associated with an industrial injury of February 28, 2005. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for six sessions of psychotherapy. The claims administrator contended that the applicant had had 53 sessions of individual psychotherapy and 98 group sessions over the course of the claim. The claims administrator contended that the applicant had failed to profit from the same. A March 24, 2015 RFA form and February 26, 2015 medical-legal evaluation were referenced in the determination. The applicant's attorney subsequently appealed. On March 24, 2015, the applicant reported ongoing issues with depression, fatigue, malaise, poor eating habits, and low mood levels. Seroquel, Cymbalta, BuSpar, and Xanax were endorsed. The applicant's permanent psychiatric restrictions were renewed. Group psychotherapy was suggested in the March 24, 2015 progress note; in an RFA form of the same date, six sessions of individual psychotherapy were suggested. It did not appear that the applicant was working with previously imposed permanent mental health limitations. On March 30, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed cervical spine surgery, 7/10. The applicant had alleged neck pain secondary to cumulative trauma at work. The applicant's medication list included OxyContin, oxycodone, Neurontin, Pamelor, Zanaflex, Linzess, Xanax, Cymbalta, Seroquel, and BuSpar, it was incidentally noted. Multiple medications were refilled. Drug testing was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of individual psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398; 405.

Decision rationale: No, the request for six sessions of individual psychotherapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious psychiatric issues may need a referral to a psychiatrist for medicine therapy, while applicants with work stress and/or person-job stress issues may be handled effectively through talk therapy with a psychologist. Here, the applicant's mental health issues, by all accounts, appeared to be quite severe. The applicant is apparently off work, from a mental health standpoint. The applicant had issues with poor eating habits, fatigue, malaise, depression, low mood levels, poor ability to interact with others, etc., evident on the March 24, 2015 progress note at issue. The applicant was using four different psychotropic medications, Seroquel, Cymbalta, BuSpar, and alprazolam. The applicant's mental health issues, thus, appear to be more severe than can be effectively managed by a psychologist, as suggested by ACOEM Chapter 15, page 398. ACOEM Chapter 15, page 405 further notes that an applicant's failure to improve can be due to incorrect diagnosis, unrecognized medical or psychological condition, or unrecognized psychosocial stressors. Here, the applicant has had extensive prior psychotherapy over the course of the claim, both group and individual. The applicant has failed to profit from the same. The applicant remains off work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit, despite receipt of earlier extensive prior psychotherapy over the course of the claim. The applicant remained dependent on a variety of psychotropic medications. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier extensive psychotherapy treatment. Therefore, the request for additional psychotherapy was not medically necessary.