

Case Number:	CM15-0077915		
Date Assigned:	04/29/2015	Date of Injury:	11/22/1996
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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 70-year-old [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of November 12, 1996. In a Utilization Review report dated April 8, 2015, the claims administrator partially approved a request for 12 sessions of psychotherapy / cognitive behavioral therapy as four sessions of the same. A March 23, 2015 progress note was referenced in the determination. The claims administrator framed the request as a renewal or extension request for cognitive behavioral therapy. It was suggested that the applicant had apparently experienced some recent exacerbation in mental health symptomatology. The applicant's attorney subsequently appealed. In a March 23, 2015 psychology note, the applicant reported a severe exacerbation in psychiatric symptoms. The applicant stated that he was becoming increasingly hopeless and desperate. The applicant's affect was severely blunted. The applicant apparently had experienced some traumatic relationship issues. The applicant was apparently off of work, it was acknowledged, owing to a variety of chronic pain and mental health issues. The applicant had effectively been discharged by 2003, it was stated, as his employer had apparently diminished his work assignments. The applicant had various symptoms, including the neck, shoulder, low back, which, per the treating provider, were acting in concert with the applicant's mental health issues to generate a GAF of 50. The applicant's medication list was not detailed. Twelve sessions of cognitive behavioral therapy were proposed. In a November 6, 2014 medical progress note, the applicant reported multifocal complaints of neck, low back, and shoulder pain with ancillary complaints of depression. The applicant was given a refill of Flexeril. Permanent restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CBT psychotherapy sessions: Upheld

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

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

Decision rationale: No, the request for 12 sessions of cognitive behavioral therapy / psychotherapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with issues related to work stress and person-job stress may be handled effectively with talk therapy through a psychologist while those applicants with more serious conditions may need a referral to a psychiatrist for medication therapy. Here, the applicant presented on March 23, 2015 reporting an acute decompensation in mental health issues. The applicant was off of work. The applicant had issues with suicidal ideation, feelings of hopelessness, feelings of desperation, etc. The applicant's conditions, thus, were in fact, more serious conditions which would have been better served through referral through a psychiatrist for medication therapy as opposed to continuous psychotherapy. The MTUS Guideline in ACOEM Chapter 15, page 405 also notes that an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, the applicant was off of work, despite receipt of earlier unspecified amounts of psychotherapy/cognitive behavioral therapy over the course of the claim. The applicant's mental health issues were deteriorating and trending unfavorably as of the March 23, 2015 progress note at issue. Continued pursuit of a previously tried and failed modality, namely psychotherapy/cognitive behavioral therapy, thus, was not indicated here. Therefore, the request is not medically necessary.