

Case Number:	CM15-0099164		
Date Assigned:	06/01/2015	Date of Injury:	08/15/2003
Decision Date:	07/07/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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:

The injured worker is a 44-year-old male, who sustained an industrial injury on 8/15/03. He has reported initial complaints of back, neck and psyche injuries. The diagnoses have included major depressive disorder single episode severe without psychiatric and pain disorder associated with both psychological factors and general medical condition. Treatment to date has included medications, psychiatric, diagnostics, activity modifications, back surgery, physical therapy, and home exercise program (HEP). Currently, as per the psychiatric physician progress note dated 4/5/15, the injured worker is angry and resentful when treatments and evaluation received by AME are denied, depression continues. The subjective complaints noted are anhedonia, anger, anxiety, appetite disturbance, depression, diminished energy, exaggerated startle response, flashbacks, impaired concentration, impaired memory, irritability, low self -esteem, nightmares, panic attacks, paranoid ideation, periods of crying, sexual dysfunction, sleep disturbance, social withdrawal, suicidal ideation but denies plan intent. The objective findings reveal beck depression inventory of 40 and beck anxiety inventory of 36. He is angry, anxious, depressed, he has impaired concentration, memory impairment, obvious physical discomfort, and suicidal ideation. The current medications included Lyrica, Wellbutrin, Gabapentin, Naprosyn, Tylenol, and Cymbalta. The assessment/plan was that he is benefitting from treatment but slower than expected. The physician noted he is making slow progress with Cognitive Behavioral Therapy (CBT) technique but very difficult without physical treatment. He denies plan intent but he remains suicidal risk. The physician requested treatments included 12 psychotherapy visits, 1 Beck anxiety inventory and 1 Beck depression inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 400-401.

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services from [REDACTED] and psychotherapy from [REDACTED]. It appears that the injured worker began receiving psychotherapy from [REDACTED] on October 5, 2014. It is unknown as to the number of completed sessions between October 2014 and March 2015, as this information has not been mentioned within the reports. According to UR, it is estimated that the injured worker has completed approximately 22 psychotherapy sessions. It is noted within the progress notes as well as reports from [REDACTED] that the injured worker has not progressed as expected and remains symptomatic. Considering that progress and improvements have been slow, there is no documentation signifying any treatment plan changes to accommodate the lack of progress. The ODG recommends that there be up to "13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depressive Disorder or PTSD, up to 50 sessions if progress is being made." It further indicates, "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." In addition to not knowing the exact number of sessions completed, there appears to be a lack of progress being made as a result of the psychological services. Several of the progress notes are redundant and fail to identify necessary treatment plan changes to accommodate the possible treatment failures. As a result, the need for additional treatment cannot be established and the request for an additional 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 6 psychotherapy sessions in response to this request.

1 Beck anxiety inventory: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Cognitive therapy for depression; Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, BDI-II.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services from [REDACTED] and psychotherapy from [REDACTED]. It appears that the injured worker began receiving psychotherapy from [REDACTED] on October 5, 2014. It is unknown as to the number of completed sessions between October 2014 and March 2015, as this information has not been mentioned within the reports. According to UR, it is estimated that the injured worker has completed approximately 22 psychotherapy sessions. It is noted within the progress notes as well as reports from [REDACTED] that the injured worker has not progressed as expected and remains symptomatic. Several of the progress notes are redundant and fail to identify necessary treatment plan changes to accommodate the possible treatment failures. As a result, the need for additional treatment cannot be established and therefore, the use of any psycho diagnostic measures, such as the BAI, is not medically necessary.

1 Beck depression inventory: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Cognitive therapy for depression; Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, BDI-II.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric medication management services from [REDACTED] and psychotherapy from [REDACTED]. It appears that the injured worker began receiving psychotherapy from [REDACTED] on October 5, 2014. It is unknown as to the number of completed sessions between October 2014 and March 2015, as this information has not been mentioned within the reports. According to UR, it is estimated that the injured worker has completed approximately 22 psychotherapy sessions. It is noted within the progress notes as well as reports from [REDACTED] that the injured worker has not progressed as expected and remains symptomatic. Several of the progress notes are redundant and fail to identify necessary treatment plan changes to accommodate the possible treatment failures. As a result, the need for additional treatment cannot be established and therefore, the use of any psycho diagnostic measures, such as the BDI, is not medically necessary.