

Case Number:	CM14-0089405		
Date Assigned:	07/23/2014	Date of Injury:	09/02/2007
Decision Date:	08/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/13/2014

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. The expert reviewer is Board Certified in Clinical Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this independent review, this patient is a 53 year old male who reported an industrial/occupational work-related continuous trauma injury from 09/02/07-08/31/10. The injury reportedly occurred as a result of his work for [REDACTED], as a teacher. He reportedly had the vice president who was unsupportive and would undermine his authority and he noted that over time he became extremely fit T and wants. Stress' pain and pounding it was hard when he encountered stressful encounters that were. He had been told that if he would be fired if his test scores did not improve but the stated that 90% of his students were not prepared for the work required. The patient has several conflicting diagnoses, including: Adjustment disorder with mixed anxiety and depressed mood, chronic; and psychological factors affecting and medical condition. There is an alternative diagnosis mention of major depressive disorder, moderate (but updated to Severe 12/2013). There is another diagnosis of compulsive personality traits. The patient reported significant depression and would stay in bed most of the day ignoring household chores and tearful. He is fearful of returning to the classroom. In September of 2011 he started weekly psychotherapy sessions and reported that he has benefited from them. A treatment progress note from his psychologist noted depression, pain, insomnia, severe GI distress, and frustration but that there have been some activities of daily living functional improvement and the patient is becoming hopeful to be able to work. He has had 46 sessions of psychotherapy with [REDACTED], and 27 of those sessions were group therapy format. There have been 12 visits with his treating psychiatrist. A treatment plan was noted to include weekly cognitive behavioral psychotherapy, medication, biofeedback, telephone consulates, as well as psychiatric and social services as necessary to treat the symptoms of depression. Additional treatment goals were noted to include reflecting an herbal as in his accomplishments talents and skills, discussing his vision for a better future, in determining what

steps he can take to doing that, as well as reconnecting with friends and increasing his social interactions. A request for additional weekly psychotherapy treatment times 20 weeks to maintain and prevent recurrent episodes quantity 20 was made, and non-certified. The utilization review rationale for non-certification was stated as due to exceeding the maximum number of allowed sessions which according to MTUS guidelines would be 6 to 10 visits and no specific documentation of objective functional gains or decrease in depression were provided. This independent review will address a request to overturn that non-certification of this treatment modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional weekly psychotherapy treatment, x20 weeks to maintain and prevent recurrent episodes Qty: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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 behavioral therapy, psychotherapy guidelines. June 2014 update

Decision rationale: I conducted a careful and comprehensive and thorough review of all the medical records that were provided to me. The patient has experienced a difficult work environment that resulted in significant psychological symptoms for him. The stress of the environment at the school where he worked may have been contributing to his high blood pressure, sleep disturbance, depression, anxiety and general distress. The patient has had at least 46 therapy sessions, and perhaps more were provided prior to the records being presented here. The date of injury is now nearly four years past. The official disability guidelines state that most patients can be offered a maximum of 13 to 20 sessions, if progress is being made in treatment. Some patients with severe major depressive disorder or PTSD (June 2014 update) may be offered up to 50 sessions of therapy if progress is being made. The documentation that was provided for this independent review does not contain sufficient evidence of substantial levels of progress and improvement to warrant the provision of an additional 20 sessions that would exceed the maximum amount allowed of 50 by 16 sessions. This maximum amount of therapy and should be noted is also to be used only in the most rare cases. This patient's diagnosis has actually increased and severity as time has gone by progress and from adjustment disorder with depressed and anxious mood and being increased two major depressive disorder moderate; and only recently increased again to major depressive disorder, severe. This suggests that perhaps a patient may be getting worse over time rather than getting better. At this time is not possible to overturn the non-certification of 20 additional sessions because the request is excessive and there is inadequate documentation and support that the treatment is producing substantial and significant gains in functional improvement. The requirement for additional treatment is that progress is being made and gains in functional improvement are being manifested simply having substantial psychological symptomology is not what decisions regarding additional sessions is based in this context.

