

Case Number:	CM15-0100358		
Date Assigned:	06/02/2015	Date of Injury:	11/06/2009
Decision Date:	10/20/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 67 year old female who sustained an injury on 11-6-09 resulting when she fell over a phone cord. A review of the medical records indicates she complained of headaches, vertigo, episodes of disorientation, depression, neck pain, back pain and hip pain bilaterally. Medications included Atenolol, Losartan, Hydrochlorothiazide, Tylenol and Flexeril. Diagnoses are cervical strain with possible radiculopathy; lumbar strain with possible radiculopathy; muscle contraction headaches; vertigo; episodes of disorientation. 3-24-15 Initial Psychological evaluation indicates she was prescribed Cymbalta and was taking it 4-5 days a week and had not noticed any impact to her depression or pain. Diagnoses at this visit included major depressive disorder and recommended future treatment of both psychotropic medication and psychotherapy. Her depression was noted as worse indicated by depression most of the day; diminished interest and pleasure in most activities; significant weight gain, insomnia; fatigue and loss of energy and diminished self-esteem. Current requested treatments psychotherapy 1 year (6 month weekly, bi-monthly) Utilization review 5-26-15 modified to 4 sessions is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 Year 6 Month Bi-Monthly Lifetime Coverage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (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 cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker suffers from cervical strain with possible radiculopathy; lumbar strain with possible radiculopathy; muscle contraction headaches; vertigo; episodes of disorientation. She also developed major depressive disorder as a consequence of the industrial injury. The request for Psychotherapy 1 Year 6 Month Bi-Monthly Lifetime Coverage is excessive and not medically necessary as it exceeds the guideline recommendations for psychotherapy for chronic pain as well as depression as quoted above.