

Case Number:	CM13-0007882		
Date Assigned:	12/04/2013	Date of Injury:	02/02/2006
Decision Date:	01/13/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in 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.

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 claimant is a 68-year-old with a date of injury of 2/2/06. Based on medical records, he has been medically diagnosed with throat and tongue cancer, dysphagia, and dysphonia. He has also been diagnosed by [REDACTED] with depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued individual psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The Expert Reviewer's decision rationale: It appears from the medical records that the claimant initially saw [REDACTED] for an AME on 2/17/11, but did not begin receiving psychotherapy services until 2013. In his most recent PR-2, [REDACTED] indicates that the claimant has received services; However, it is unclear as to how many sessions that the claimant has completed and whether the claimant has obtained any objective functional improvement from those completed sessions. According to the Official Disability Guidelines regarding the treatment for depression, "an initial trial of 6 visits over 6 weeks" is recommended and with "evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks"

may be necessary. Additionally, the request for continued individual psychotherapy is too vague and does not indicate the number of requested sessions. As a result of the vagueness and lack of information provided in the medical reports and authorization request, the request for continued individual psychotherapy is not medically necessary.