

Case Number:	CM13-0023867		
Date Assigned:	11/15/2013	Date of Injury:	07/08/2010
Decision Date:	01/24/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/12/2013

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 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. 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:

The claimant is a 55 year-old male with a date of injury of 7/8/10. Mechanism of injury involved repetitive motions while working as a software engineer. In the report dated 7/9/13, [REDACTED] diagnosed the claimant with: (1) complicated vascular headaches with predominantly visual problem; (2) chronic myofascial pain syndrome, cervical and thoracolumbar spine; (3) mild bilateral C-5 radiculopathy; (4) moderate right carpal tunnel syndrome; and (5) right lateral epicondylitis. Additionally, in his follow-up psychological evaluation dated 5/23/13, [REDACTED] diagnosed the claimant with: (1) Major Depressive Disorder, single episode, mild; (2) anxiety disorder, not otherwise specified; (3) maly hupoactive sexual desire disorder due to chronic pain; and (4) insomnia related to chronic pain and anxiety disorder, not otherwise specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions and Psychological treatment Page(s): 23,. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy guidelines for chronic pain

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

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] from 3/5/12 to 5/20/13. It is unclear as to how many sessions have been completed to date. According to the Official Disability Guidelines regarding the cognitive treatment of depression, an initial trial of 6 visits over 6 weeks is suggested, and, with evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks (individual sessions) may be needed. Since the claimant has been receiving ongoing services from 3/5/12 to 5/20/13, it is assumed that the claimant has already received far more than the total number of sessions as suggested by the guidelines. As a result, the request for 8 additional sessions of individual psychotherapy exceeds the number of sessions set forth by the guidelines. Therefore, the requested treatment is not medically necessary.