

Case Number:	CM13-0025253		
Date Assigned:	11/20/2013	Date of Injury:	02/17/2006
Decision Date:	01/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 a Licensed Psychologist 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 physician 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 36 year-old male (DOB - 2/23/77) with a date of injury of 2/17/06. According to [REDACTED] most recent visit note dated 10/24/13, the claimant is diagnosed with "lumbar disc displacement". Additionally, in an initial psychological consultation/evaluation conducted by [REDACTED] on 7/30/13, the claimant is diagnosed with a "Major Depressive Disorder" with a "ruleout of Anxiety Disorder not otherwise specified (NOS)."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM second edition Occupational Practice Guidelines, Reed Group/The Medical Disability Advisor, and Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive therapy for depression. .

Decision rationale: Based on the medical records reviewed, it appears that the claimant would benefit from psychotherapy services; However, the request for 12 psychotherapy sessions exceeds the suggested number of initial sessions per both guidelines mentioned above. For the behavioral treatment of chronic pain, the CA MTUS suggests an "initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks" may be necessary. In the behavioral treatment of depression, the ODG indicates an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks" may be required. As a result, the request for 12 psychotherapy sessions is not medically necessary.