

Case Number:	CM13-0026068		
Date Assigned:	11/22/2013	Date of Injury:	07/28/2010
Decision Date:	02/05/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	09/18/2013

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 37 year-old female with a date of injury of 7/28/10. According to medical reports, the claimant sustained injuries to her back as the result of a slip and fall while working for [REDACTED]. In his progress note dated 5/2/13, [REDACTED] diagnosed the claimant with the following: (1) lumbar radiculopathy - right L5-S1 NCS 7/26/11; (2) myalgia; (3) low back pain; (4) sacroiliac pain; (5) dysthymic disorder; (6) persistent disorder of initiating or maintaining sleep; and (7) chronic pain syndrome. Additionally, the claimant is diagnosed by [REDACTED] with Adjustment Disorder, with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

six sessions of individual psychotherapy (one per week): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Official Disability Guidelines will be used as reference for this case as the California MTUS does not address the use of psychological interventions for the treatment of depression. Based on the review of the medical records, it appears that the claimant began

psychotherapy services with [REDACTED] in March 2013, but it is unclear as to exactly how many sessions were completed. [REDACTED] reports that the claimant completed her initial session in March, two sessions in April, and two sessions in May; however, his 5/31/13 progress note indicates dates of services of 5/6/13, 5/13/13, 5/23/13, and 5/30/13. As a result, is it unclear whether the claimant completed 2 or 4 sessions in May. The ODG recommends that for the psychological treatment of depression, an "initial trial of 6 visits over 6 weeks" be offered and, "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Despite the inconsistent reporting in number of completed sessions, it appears that the actual completed sessions fall within the parameters set forth by the ODG, and allow for further sessions to be requested if needed. In his psychotherapy report dated May 2013, [REDACTED] provides sufficient evidence of objective functional improvement, and presents a reasonable argument for further treatment. As a result, the request for an additional six sessions of individual psychotherapy (one per week) is medically necessary.