

Case Number:	CM13-0026181		
Date Assigned:	11/22/2013	Date of Injury:	08/18/2008
Decision Date:	09/05/2014	UR Denial Date:	09/16/2013
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 Board Certified 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 56 year-old male (██████████) with a date of injury of 8/18/08. The claimant sustained injury to his shoulder while working for The ██████████. The mechanism of injury was not found within the medical records. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her 8/29/13 "Secondary Treating Physician's Consultation Note", ██████████ endorses ██████████ diagnosis of the claimant which is Major Depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ADDITIONAL SESSIONS OF INDIVIDUAL PSYCH ONCE PER MONTH: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter and Other Medical Treatment Guideline or Medical Evidence: APA Practice Guideline For The Treatment Of Patients With Major Depressive Disorder Third Edition (2010), Maintenance Phase, page 19.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline regarding the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has completed a total of 18 psychotherapy sessions (per UR letter dated 9/16/13). In her most recent report, dated August 2013, [REDACTED] reports that the claimant continues to make progress as he receives monthly psychotherapy sessions. However, there are only 2 reports included for review and they don't offer very much information to support additional services. The fact that the claimant has transitioned to monthly services is appropriate per maintenance services however, there needs to be more information presented to warrant and substantiate additional psychotherapy sessions. Without information about the prior services and the exact objective functional improvements from those sessions, the need for further sessions cannot be determined. As a result, the request for "SIX ADDITIONAL SESSIONS OF INDIVIDUAL PSYCH ONCE PER MONTH" is not medically necessary. The claimant did receive a modified authorization for 2 sessions in response to this request.

ONE PSYCH REEVALUATION SESSION: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Psychological evaluations page 100-101.

Decision rationale: The CA MTUS guideline regarding psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has completed a total of 18 psychotherapy sessions (per UR letter dated 9/16/13). In her most recent report, dated August 2013, [REDACTED] reports that the claimant continues to make progress as he receives monthly psychotherapy sessions. However, there are only 2 reports (none of which is the initial psychological evaluation) included for review and they don't offer very much information to support additional services. Without information about all prior services, the need for further services cannot be determined. As a result, the request for "ONE PSYCH REEVALUATION SESSION" is not medically necessary.

