

Case Number:	CM13-0032578		
Date Assigned:	12/11/2013	Date of Injury:	09/05/2012
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 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 44 year-old female with a date of injury of 9/5/12. According to [REDACTED] evaluation report, the claimant injured herself when she lifted a milk crate while working as a bus driver and food delivery servicewoman. She has been diagnosed with cervical SP/ST, cephalgia by [REDACTED] on 8/20/13 and with major depressive disorder and pain disorder by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 10-12 sessions over 3-4 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral Therapy (CBT) guideline for chronic pain, Psychotherapy Guidelines

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 behavioral/depression, Psychotherapy Guidelines.

Decision rationale: Based on the review of the medical reports, particularly, [REDACTED] evaluation, the claimant appears to be in need of psychological services; However, the request for 10-12 psychotherapy visits over 3-4 months exceeds the suggested guidelines set forth by the

Official Disability Guidelines (ODG). The ODG suggests that for the treatment of depression, 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 (individual sessions)" may be needed. Based on the above cited guidelines, the request for "psychotherapy 10-12 sessions over 3-4 months" is not medically necessary.