

Case Number:	CM13-0032627		
Date Assigned:	12/11/2013	Date of Injury:	03/31/2009
Decision Date:	02/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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.

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 59 year-old female with a date of injury of 2/13/09. According to medical records, the claimant sustained an injury on 2/13/09 while working. The report indicates that the claimant's chair tilted and she fell, injuring her right elbow, wrist, and shoulder. Additionally, she has experienced injury to her psyche. According to the physician's PR-2 report dated 10/1/13, the claimant is diagnosed with: (1) Major Depressive Disorder, Recurrent, Unspecified; and (2) Psychological Factors Affecting Medical Condition. Interestingly, although there is mention of psychotic symptoms such as delusions and hallucinations, there is no diagnosis listed related to these symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Psychotherapy treatment (duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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: Given the diagnosis of MDD, the ODG will be used as guidelines for this case. The CA MTUS only refers to the behavioral treatment for chronic pain and not for depression. Based on [REDACTED] " Supplemental Report: Response to Utilization Review Denial/Modification" letter, dated 11/18/13, the claimant does appear to require additional

services. However, the request for "weekly psychotherapy treatment (duration unspecified)" remains too vague and does not provide enough information about number of sessions requested or the duration for such services. As such, the request for "weekly psychotherapy treatment (duration unspecified)" is not medically necessary