

Case Number:	CM13-0032846		
Date Assigned:	12/06/2013	Date of Injury:	01/11/2012
Decision Date:	02/27/2014	UR Denial Date:	09/17/2013
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 patient reported a date of injury of 1/11/12. According to medical records, the patient sustained injuries to his back when he slipped and fell while carrying a dryer. The patient has received various medical treatments including physical therapy, chiropractic, and medications. In his PR-2 report dated 11/25/13, [REDACTED], diagnosed the claimant with the following: (1) Chronic lumbar back pain with an MRI from February 27, 2012, showing multilevel disc protrusions at L5-S1, L3-L4, and L4-L5 with an L5-S1 protrusion crowding the right subarticular gutter. He had a lumbar MRI scan on May 2013, which was unchanged compared to the prior study of October 24, 2012; (2) Chronic lower thoracic myofascial pain; (3) Chronic cervical myofascial pain; (4) Chronic right leg radicular symptoms; (5) Chronic headaches; (6) Chronic right ankle sprain; (7) Depression with anxiety; and (8) Gout, which is non-industrial, involving the left elbow, not active today." In addition to the physical conditions, the claimant sustained injury to his psyche. In the RFA form dated 5/2/13, [REDACTED] diagnosed the claimant with "Anxiety" and "Depression". It is the patient's psychiatric diagnoses that are relevant for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

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

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

Decision rationale: The CA MTUS does not address the treatment of depression; therefore, the Official Disability Guidelines will be used as reference for this case. In the treatment of depression, the ODG recommends 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 review of the medical records, it is difficult to determine exactly how many sessions have been completed. However, it does appear that the patient has received over 20 individual and/or group sessions, thereby exceeding the ODG recommended number of total sessions. In his 9/30/13 note, [REDACTED] indicates that the patient feels closer to his family and that his "ability to share with the group has become a fundamental positive element of his psychotherapy. He denies any suicidal ideation, intent, or plan". Although this information is reported, there is no information regarding how many visits have been completed and there are no objective functional improvements discussed. In his "request for Authorization". Dated 9/4/13, [REDACTED] does present information about therapeutic gains made, but once again, does not indicate how many total sessions have been completed. Lastly, the request for "psychotherapy" is vague and does not indicate how many sessions are being requested and over what duration. As a result of the lack of information, the request for "psychotherapy" is not medically necessary.