

Case Number:	CM13-0041911		
Date Assigned:	12/20/2013	Date of Injury:	03/15/2002
Decision Date:	03/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

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 63 year-old male [REDACTED] with a date of injury of 3/15/02. He sustained an injury when he lifted and shifted several heavy objects on a repetitive basis resulting in chronic lumbar backache, bilateral lower extremity radiculopathic pain, bilateral groin pain, chronic thoracic pain and intermittent abdominal pain. Additionally, the claimant sustained injury to his psyche involving symptoms of depression and anxiety as the result of his work-related injury. He was diagnosed on 8/30/12 by [REDACTED] with "Major Depression, recurrent". [REDACTED] also stated to, "also consider generalized anxiety disorder with panic". Although this diagnosis was made in 2012, [REDACTED] reconfirmed it in his report on 8/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times per month for 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Chronic Pain Page(s): 23.

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 regarding the behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant received psychological services from [REDACTED] beginning August 2012 and completed 6 authorized sessions ending in November 2012. He was seen two times a month. There was a request for further sessions by [REDACTED] in November 2012, but in his 8/26/13 report, [REDACTED] stated that he never received a follow-up authorization for that request. On July 8, 2013, a consultation to a psychologist was authorized and [REDACTED] once again was consulted on the case. Following his reassessment of the claimant, [REDACTED] recommended 6 sessions (2 times a month for 3 months). It is unclear why the claimant received services only 2 times a month in 2012 and why twice monthly psychotherapy sessions are once again being recommended instead of weekly sessions. The ODG recommends that for the treatment of depression, an initial trail 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 provided. Although the request for Psychotherapy 2 times a month for 3 months does not follow the recommendations regarding the period of time to complete the sessions, the claimant does appear to be in need of further psychological services. As a result, the request for Psychotherapy 2times a month for 3 months is medically necessary.