

Case Number:	CM13-0044518		
Date Assigned:	12/27/2013	Date of Injury:	07/19/2009
Decision Date:	02/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/29/2013

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 licensed 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 45 year-old male [REDACTED] with a date of injury of 7/19/09. He sustained his injury while working for [REDACTED]. The mechanism of injury was not found within the medical records offered for review. In her 11/27/2013 progress note, PA, [REDACTED], provided the following impressions: (1) Chronic pain syndrome; (2) Myalgia; (3) Dysthymic disorder; (4) Pain in joint, lower leg; (5) Degeneration of lumbar or lumbosacral intervertebral disc; (6) low back pain; (7) degenerative disc disease; (8) cervicalgia; (9) lumbar radiculitis-bilateral L5 and S1; (10) chondromalacia of left patella-MRI 9/22/09. It is the claimant's diagnosis of dysthymic disorder that is most 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 visits with [REDACTED], 10 visits: 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), Work Loss Data Institute.

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 Chronic Pain Medical Treatment Guidelines does not address the behavioral treatment of depression. As a result, the Official Disability Guidelines regarding the treatment of depression will be used as reference for this case. There were no psychological records offered for review. Based on the other medical records, it appears that the claimant has received psychotherapy services from [REDACTED]; however, it is unclear as to how many sessions have been completed and whether the claimant obtained any objective functional improvements from those sessions. The ODG (official Disability Guidelines) 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. Without the appropriate documentation/records, the need for further services cannot be determined. As a result, the request for "psychotherapy visits with [REDACTED], 10 visits" is not medically necessary.