

Case Number:	CM13-0046226		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2010
Decision Date:	02/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 61 year-old male [REDACTED] with a date of injury of 7/28/10. According to medical reports, the claimant sustained injuries to his shoulders, back, and upper extremities while lifting extremely heavy boxes and merchandise as an overnight stocker for [REDACTED]. He has been medically treated with medications, injections, physical therapy, and surgery. According to the 11/22/13 PR-2 report from [REDACTED], the claimant is diagnosed with the following: Degeneration of lumbar intervertebral disc; Degeneration of cervical intervertebral disc; (3) Depression with anxiety; (4) Cervical disc displacement; (5) Cervical radiculitis; (6) Degeneration of thoracic intervertebral disc; (7) Low back pain; (8) Lumbar disc displacement; (9) Lumbar radiculopathy; (10) Postlaminectomy syndrome of lumbar region; (11) Gastroesophageal reflux disease. He also sustained injury to his psyche as a result of the work-related injury. In her "Psychiatric Panel Qualified Medical Evaluation" dated 8/30/13, [REDACTED] diagnosed the claimant with Depressive Disorder NOS. The claimant had previously been diagnosed by his treating psychiatrist, [REDACTED], with Major depressive disorder, recurrent, severe. The claimant is currently being treated by psychiatrist, [REDACTED], and is prescribed cymbalta, valium, seroquel, and ambien. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient individual psychotherapy treatment sessions once weekly for undetermined duration: 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.

Decision rationale: The CA MTUS does not address the treatment of depression. As a result, the Official Disability Guidelines will be used as reference for this case. In his most recent "Office Evaluation Request for Authorization for Further Psychiatric Treatment" dated 10/23/13, ■■■■■. ■■■■■ reports that the claimant "has not actually had any thought, passively or actively, about hurting himself". Although the claimant appears to have improved since the previous psychiatric visit on 9/25/13, there is no objective functional improvement noted. Additionally, it is indicated that the claimant has been receiving individual psychotherapy, yet there are no current psychotherapy notes offered for review. It is unclear from the medical reports as to how many total number of psychotherapy sessions have been completed in 2013 and whether there has been any "objective functional improvements" obtained. In addition, the request for "Outpatient individual psychotherapy treatment sessions once weekly for undetermined duration" remains vague and does not provide enough information regarding the actual number of sessions being requested and over what duration of time. As a result of the lack of information offered for review and the vagueness of the request, the request for "Outpatient individual psychotherapy treatment sessions once weekly for undetermined duration" is not medically necessary. It is suggested that future requests be more specific and correspond to the guidelines cited above.