

Case Number:	CM13-0048213		
Date Assigned:	12/27/2013	Date of Injury:	08/29/2009
Decision Date:	03/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 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. 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 55-year-old with a date of injury of 8/29/09. The claimant sustained an injury to her neck, left shoulder and arm, and right knee and leg when a shelf fell on her while working as a general merchandise clerk for [REDACTED]. In his 10/18/13 Progress Report, [REDACTED] diagnosed the claimant with: (1) Cervical spine sprain/strain with multilevel cervical disc protrusion most pronounced at C4-C5 2 mm paracentral protrusion and C5-C6 2-3 mm bulge with mild-to-moderate foraminal stenosis bilaterally; (2) recurrent left upper extremity radicular symptoms with significant weakness; (3) status post left shoulder surgery; (4) lumbar spine sprain/strain rule out internal disc disruption with left lower extremity radicular symptoms; (5) status post right knee surgery, three times (total of 5 surgeries); (6) status post left knee arthroscopic surgery; and (7) right shoulder rotator cuff tear. She has been medically treated over the years with medications, injections, physical therapy, and surgery. She has also sustained injury to her psyche as a result of the work-related incident. In his "Doctor's First Report of Occupational Injury or Illness" dated 9/13/13, and his "Initial Comprehensive Psychological Treatment Evaluation Involving Extraordinary Circumstances" dated 10/8/13, [REDACTED] diagnosed the claimant with: Major depressive disorder, recurrent and opioid dependence. 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:

Weekly psychotherapy sessions until the two are surgeries complete: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy Chapter, Guidelines for Chronic Pain Section.

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 behavioral treatment of depression, therefore, Official Disability Guidelines regarding the behavioral treatment of depression will be used as reference for this case. The request for "weekly psychotherapy sessions until two surgeries complete" is vague and does not indicate how many sessions over what duration are being requested. If the surgeries get postponed, then the duration of time also becomes extended. The ODG recommends that for the treatment of depression, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, a total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. Based on the review of the medical records, the claimant is in need of psychological services however, the request does not provide enough specific information. The request for weekly psychotherapy sessions until the two are surgeries complete is not medically necessary or appropriate.