

Case Number:	CM13-0051805		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2008
Decision Date:	03/12/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 patient reported a date of injury of 1/1/08. According to medical records, the patient sustained cumulative trauma to her upper extremities, neck, and cervical spine while working as a packer. She has been medically treated via medications, physical therapy, and surgery. Additionally, the patient sustained injury to her psyche secondary to her work-related injury. In his "Initial Treating Physician's Evaluation and Request for Authorization to Treat" dated 10/16/13, [REDACTED] diagnosed the patient with and Adjustment Disorder with Depression with a rule-out of Depressive Disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy visits, 45 minutes with patient and/or family member: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 patient received a

psychological evaluation from QME, ██████████ in July, 2012. At that time, ██████████ recommended a course of psychotherapy for a period of 8-10 weeks. It appears that the patient did not receive any follow-up services. In his "Initial Treating Physician's Evaluation and Request for Authorization to Treat" report, dated 10/16/13, ██████████ stated that the patient "denies any history of prior contact with any mental health professional other than QME psychologist, ██████████". Given this statement, the request for 12 psychotherapy visits is viewed as an initial request for services. 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, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. Based on these guidelines, the request for 12 sessions exceeds the initial number of sessions as recommended by the ODG. As a result, the request for "12 psychotherapy visits, 45 minutes with patient and/or family member" is not medically necessary.