

Case Number:	CM13-0054151		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2009
Decision Date:	03/17/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 44 year-old male (DOB 12/3/69) with a date of injury of 5/26/09. The claimant sustained injuries to his wrist, forearm, and back while employed with [REDACTED]. According to medical reports, the claimant was injured as the result of lifting a 180 pound barrel of beer. He has been treated via medications, injections, physical therapy, and surgery. Additionally, the claimant sustained injury to his psyche secondary to his physical injuries. In her "Initial Evaluation" dated 2/7/13, [REDACTED] diagnosed the claimant with Major depressive disorder, single episode, severe. This diagnosis was updated to Major depressive disorder, single episode, mild, by [REDACTED] in her progress report dated 5/16/13. The claimant's diagnosis was once again updated by [REDACTED] on 9/12/13. In that most recent progress report, the claimant was diagnosed with Major depressive disorder, single episode, moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for additional Psychotherapy session Qty 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Guidelines Pain

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 does not address the treatment of depression. Therefore, the Official Disability Guideline regarding the behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant began services with [REDACTED] in February 2013. He has completed a total of 14 sessions from 2/21/13 through 8/22/13. He initially improved and made progress within his initial 7 sessions. Based on an increase in his physical pain, the claimant decompensated and experienced an increase in his psychiatric symptoms during the second set of 7 sessions. 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. At this time, the claimant is not demonstrating any "objective functional improvement" from the psychotherapy sessions. In fact, he is experiencing an exacerbation in symptoms. Despite this, the claimant appears to require additional services. He does have a history of progress in therapy, so it is assumed he can attain that once again. The request for an additional 6 sessions is reasonable given the ODG guidelines. As a result, the request for "Additional psychotherapy sessions, Qty 6" is medically necessary.