

Case Number:	CM13-0056239		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2012
Decision Date:	03/20/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 63-year-old with a date of injury of 2/21/12. According the medical reports, the claimant sustained orthopedic injuries when a student ran into her and she hit the wall and slid to the ground. This injury happened while she was monitoring children as a classified employee for [REDACTED]. In his "Worker's Compensation Pain Management Progress Report" dated 11/11/13, [REDACTED] and physician assistant, [REDACTED], diagnosed the claimant with: (1) Sprain of thoracic region; (2) Sprain of neck; (3) Sprain of lumber region; (4) HNP (herniated nucleus pulposus) lumber; and (5) Spinal stenosis in cervical region. It is also reported that the claimant sustained injury to her psyche secondary to her work-related orthopedic injury. In her "Initial Psychological Evaluation" dated 11/18/13, [REDACTED] diagnosed the claimant with Major depressive disorder, single episode, moderate with anxiety. It is the claimant's psychiatric diagnosis that is 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:

Psychotropic medical consultations: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 398.

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 Expert Reviewer's decision rationale: The CA MTUS does not address psychiatric consultations therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant is struggling with symptoms of depression and anxiety. The ODG states that office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Based on her thorough evaluation of the claimant, [REDACTED] believes that a psychiatric consultation is warranted. Unfortunately, the request for "Psychotropic medical consultations" makes it appear that more than one consultation is being requested but there is no information detailing the exact number of consultation visits being requested. The request for psychotropic medical consultations is not medically necessary or appropriate.

Twelve sessions of individual cognitive behavior psychotherapy: Upheld

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

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 Expert Reviewer's decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the behavioral treatment of depression will be used as reference in this case. Based on the review of the medical records, the claimant completed a psychological evaluation with [REDACTED] on 9/20/12 and participated in psychotherapy with him until February 2013. Since the claimant did not receive any services for over 6 months, this request can be 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 this guideline, the request for "12 sessions of individual cognitive behavior psychotherapy" exceeds the initial trial of sessions recommended by the ODG. The request for twelve sessions of individual cognitive behavior psychotherapy is not medically necessary or appropriate.