

Case Number:	CM13-0057960		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2006
Decision Date:	03/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 67 year-old female [REDACTED] with a date of injury of 7/26/06. The claimant sustained injury to her cervical spine and right shoulder as the result of cumulative trauma associated with her responsibilities as a tailor for [REDACTED]. In the 10/29/13 "Progress Note", nurse practitioner, [REDACTED], diagnosed the claimant with: (1) Cervical disc with radiculopathy; (2) degeneration of lumbar disc; (3) Shoulder pain; and (4) Depressive disorder NOS. It is also reported that the claimant sustained injury to her psyche secondary to her work-related physical injuries. In a letter dated 11/18/13, [REDACTED] indicated that the claimant is suffering from Pain disorder associated with both psychological factors and a general medical condition. 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:

Additional individual psychotherapy sessions x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Mental Illness and Stress Chapter

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 reference for this case. Based on the review of the medical records, the claimant has completed a total of 18 sessions of psychotherapy with [REDACTED]. The ODG suggests that for the treatment of depression there is an "initial 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. Given that the claimant has recently completed 18 sessions, the request for an additional 12 sessions exceeds the total number of sessions recommended by the ODG. As a result, the request for "additional individual psychotherapy sessions x 12" is not medically necessary. It is noted that the claimant did receive a modified authorization for 4 psychotherapy sessions as a result of this request.