

Case Number:	CM13-0058938		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2010
Decision Date:	03/19/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

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 3/6/10. According to reports, the patient sustained injury to her knee following a slip and fall. She is also experiencing psychiatric symptoms secondary to her work-related medical injuries. In his 5/15/13 "Panel Qualified Medical Report in Psychology Involving Extraordinary Circumstances and Review of Medical Records", [REDACTED]. [REDACTED] diagnosed the patient with: Mood disorder due to orthopedic condition, industrial and Pain disorder with both psychological factors and an industrial orthopedic condition, chronic. This diagnosis has been further supported by the patient's treating providers including [REDACTED] at the [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych services: Additional 6 Individual Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the patient has received some psychological services in the past, however, it is unclear as to how many psychotherapy sessions have been completed to date. It is noted that the patient participated in both group and individual psychotherapy with the [REDACTED] following [REDACTED] [REDACTED] "Psychological Consultation Report" dated 4/11/12. It appears that these services carried on through 2013. Most recently, it was reported in [REDACTED] "Secondary Treating Physician's Consultation Note" dated 10/15/13, that the patient completed "six individual cognitive behavioral sessions on a bi-weekly basis as well as returning to group sessions..." This statement is confusing as the patient has been receiving services for quite some time. It is likely that the patient completed 6 of 6 authorized sessions which were additionally authorized on top of the previously authorized and completed sessions. In addition, there are limited records offered for review that demonstrate the effectiveness of the services provided and illustrate whether the patient has been improving and/or demonstrating some stability in symptoms. Without sufficient documentation supporting the request, the need for further services cannot be fully determined. As a result, the request for "additional 6 individual sessions" is not medically necessary.