

<b>Case Number:</b>	CM13-0059074		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 52 year-old female (██████████) with a date of injury of 11/19/01. The claimant sustained multiple injuries as the result of a fall from a 28 foot telephone pole while working as a telecommunications technician for ██████████. It is reported that her fall resulted in crushing bones in her lower extremities, pelvis, and feet. In his "Primary Treating Physician's Progress Report (PR-2) Modified" dated 12/4/13, ██████████ diagnosed the claimant with Pain in joint, lower leg. It is noted though that the claimant has had multiple physical diagnoses over the years. The claimant also struggles with psychiatric issues secondary to her work-related physical injuries. In his comprehensive psychological evaluation dated 9/11/13, ██████████ diagnosed the claimant with: (1) Anxiety disorder NOS; (2) Major depressive disorder; and (3) Pain disorder associated with both psychological factors and a general medical condition. In his 12/20/13 report, ██████████ updated his diagnosis of the claimant and diagnosed her with the following: (1) Encephalopathy; (2) Pain disorder associated with both psychological factors and a general medical condition; (3) Unspecified episodic mood disorder; and (4) History of mild traumatic brain injury. 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:

**Psychological treatment (6 visits): Upheld**

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

**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 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 has received 2 psychological evaluations from [REDACTED] (9/11/13 and 12/20/13) and subsequent psychological services from him. However, only the evaluation reports are included in the medical records offered for review. As a result, it is unclear as to how many sessions have been completed and what progress and improvements have been made as a result of those completed services. According to [REDACTED] PR-2 report dated 12/4/13, the claimant has been receiving psychological services from a "[REDACTED]". It is unclear whether this is an error or if the claimant began services from a different psychologist. Either way, the ODG recommends 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. Given that the claimant is permanently disabled, the total number of sessions as recommended by the ODG will likely not apply. However, without further information about the services already completed regarding progress and improvement, there is limited information in the records to substantiate further services. As a result, the request for additional "Psychological treatment (6 visits)" is not medically necessary. It is suggested that future requests include enough documentation and evidence to support and substantiate the request for additional services.