MAXIMUS Federal Services

Case Number:	CM13-0059090		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2010
Decision Date:	03/20/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 42 year-old female with a date of injury of 5/8/10. According to medical reports, the claimant sustained injuries to her neck and low back in addition to her psyche as the result of cumulative orthopedic trauma. She has received various medical treatments including physical therapy, medications, injections, chiropractic, and acupuncture. It is also reported that the claimant sustained injurt to her psyche secondary to her work-related medical injuries and as a result of workplace sexual harassment. It is noted in the UR dated 11/21/13 that [redacted] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to generalized anxiety disorder and chronic pain; and (5) Stress-related psychological factors affecting general medical condition, headaches. It is the claimant's psychiatric symptoms and conditions that are most relevant to this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy (12 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, Cognitive Therapy for depression

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, in September 2013, the claimant was previously authorized 6 sessions of cognitive behavioral group therapy. It is unknown whether the claimant completed those sessions as there are no psychological records included for review. Without any relevant information to review, the need for additional psychological group sessions cannot be determined. As a result, the request for group medical psychotherapy is not medically necessary.

Medical hypnotherapy/relaxation training (12 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 ODG, Mental Illness & Stress Chapter, Hypnosis

Decision rationale: Based on the review of the medical records, the claimant has been struggling with chronic pain. However, there are no psychological records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant. Without any relevant information to review, the need for hypnotherapy/relaxation sessions cannot be determined. As a result, the request for medical hypnotherapy/relaxation training is not medically necessary.

Cognitive behavioral therapy (12 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, Cognitive Therapy for depression

Decision rationale: Based on the review of the medical records, the claimant has been struggling with chronic pain. However, there are no psychological records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant. Without any relevant information to review, the need for CBT sessions cannot be determined. As a result, the request for cognitive behavioral psychotherapy is not medically necessary.

A psychiatric consultation: 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 ODG, Mental Illness & Stress Chapter, Office Visits

Decision rationale: Based on the review of the medical records, the claimant has been struggling with chronic pain. However, there are no psychological records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant. Without any relevant information to review, the need for a psychiatric consultation cannot be determined. As a result, the request for a psychiatric consult is not medically necessary.

Monthly psychiatric treatment for four months: 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 ODG, Mental Illness & Stress Chapter, Office Visits

Decision rationale: Based on the review of the medical records, the claimant has been struggling with chronic pain. However, there are no psychological records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant. Without any relevant information to review, the need for monthly psychiatric treatment cannot be determined and is therefore, not medically necessary.