

Case Number:	CM13-0060062		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2004
Decision Date:	06/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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 Board Certified in Psychiatry, has a subspecialty in Neurology and is licensed to practice in Texas. 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 injured worker is a 62 year old male whose date of injury is 10/22/2004. On this date he slipped and fell and dislocated his shoulder. The injured worker underwent right shoulder arthroscopy on 01/03/05. Initial treatment report dated 12/01/05 indicates diagnosis is major depressive disorder, single episode, and moderate. Neuropsychological evaluation dated 08/23/06 indicates that diagnoses are depressive disorder nos versus major depressive disorder, pain disorder associated with both psychological factors and a general medical condition and anxiety disorder nos. The injured worker underwent left shoulder arthroscopy on 09/27/06.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY (20SESSIONS): 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, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: There is no current mental health evaluation submitted for review. There is no comprehensive assessment of psychological treatment completed to date or the injured

worker's response thereto submitted for review. CA MTUS guidelines would support an initial trial of 3-4 visits of individual psychotherapy with up to 10 supported with evidence of objective functional improvement. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

PSYCHOTROPIC MEDICATION MANAGEMENT (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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, OFFICE VISITS

Decision rationale: Based on the clinical information provided, the request for psychotropic medication management 6 sessions is not recommended as medically necessary. There is no current mental health evaluation submitted for review. There is no comprehensive assessment of psychological treatment completed to date or the injured worker's response thereto submitted for review. The injured worker's current medication regimen is not documented. Therefore, the request is not medically necessary.