

Case Number:	CM13-0061299		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2006
Decision Date:	03/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	12/04/2013

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 48 year-old female (██████████) with a date of injury of 4/6/06. The claimant sustained injury to her back when she fell off a truck while working as a service writer for ██████████. Per ██████████ visit note, dated 1/21/14, the claimant is diagnosed with: (1) Chronic pain syndrome; (2) Lumbar postlaminectomy syndrome; (3) Lumbar spondylosis; (4) Lumbar radiculitis; (5) Lumbar degenerative disc disease; (6) Low back pain; (7) Sacroiliac pain; (8) Muscle pain; (9) Depressed; (10) Other anxiety states; and (11) Numbness. The claimant is also experiencing symptoms of depression secondary to her work-related physical injury. In his 7/15/13 "Doctor's Progress Report", ██████████ diagnosed the claimant with Depressive disorder NOS (Not Otherwise Specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

. Decision for Ten (10) psychology visits: Upheld

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

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, cognitive therapy for depression

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on [REDACTED] last "Doctor's Progress Note", dated 9/4/13, the claimant had completed all 6 authorized sessions. In that report, [REDACTED] wrote, "She is actually in the best mood that I have seen her in. She is relaxed and calm. She is keeping her pain problems in perspective". He also stated, "I am not scheduling a follow-up appointment." Despite this last report from [REDACTED], the claimant continues to experience symptoms of depression per [REDACTED] visit notes from October through December 2013. Given that the claimant's last psychotherapy session was on 9/4/13 and her last comprehensive psychological evaluation was 5/13/13, there is no updated psychological/psychiatric information for which to base an accurate diagnosis and offer treatment recommendations. As a result, the request for an additional 10 psychology visits with [REDACTED] appears premature. Without the updated information, the need for further treatment cannot be fully determined. As a result, the request for "Ten (10) psychology visits with [REDACTED]" is not medically necessary.