

Case Number:	CM13-0062615		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2013
Decision Date:	05/16/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 03/01/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed with major depressive disorder and attention deficit disorder. The injured worker received ongoing psychological support and medication management. The injured worker's medications included Wellbutrin, Lexapro, Trazodone, Adderall, and Xanax. The injured worker was evaluated on 10/29/2013. It was documented due to a lack of medication; the injured worker had a regression in symptoms. The injured worker's treatment plan was to add Abilify to the medication schedule. A request was made for [REDACTED] therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO [REDACTED] THERAPY SESSION: 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) Mental Illness and Stress Chapter

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 retrospective request for [REDACTED] therapy sessions is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule do not address mental illness disorders. The Official Disability Guidelines recommend up to 50 visits of psychological treatment for major depressive disorder when objective functional evidence of improvement is provided. The clinical documentation indicates that the injured worker has had ongoing psychological support without significant objective improvement. Additionally, the request as it is submitted does not clearly identify treatment duration. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Retro [REDACTED] therapy sessions are not medically necessary or appropriate.