

Case Number:	CM13-0067224		
Date Assigned:	01/03/2014	Date of Injury:	11/06/1997
Decision Date:	04/01/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 54 year-old female (DOB) with a date of injury of 11/6/97. The claimant sustained injury to her neck and bilateral upper extremities while working for [REDACTED]. The mechanism of injury is not noted in the records. In his 9/25/13 PR-2 report, [REDACTED] diagnosed the claimant with cervical degenerative disc disease and radiculopathy. According to reports, the claimant also sustained injury to her psyche secondary to her work-related physical injuries. According to the PR-2 report from psychiatrist, [REDACTED], dated 11/4/13, the claimant is diagnosed with the following: "Depressive disorder NOS vs. Major depressive disorder, single episode, severe, without psychotic features, chronic; vs. Major depressive disorder, single episode, severe, with psychotic features, chronic. Rule out Psychotic disorder, NOS; Pain disorder associated with both psychological factors and a general medical condition, chronic; Rule out Cognitive disorder, NOS." In his last PR-2 report dated 8/1/13, treating psychologist, [REDACTED] diagnosed the claimant with psychotic disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy treatment (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 & 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, the claimant has received psychotherapy in the past from [REDACTED], with the last session on 8/1/13. It is unclear as to how many total number of sessions have been completed. She has also been receiving psychiatric/medication management services with [REDACTED]. There is no current psychological evaluation and the last psychotherapy session was over 6 months ago. At this time, the request for an additional 8 psychotherapy sessions appears premature. There is not enough information in [REDACTED] latest PR-2 report to substantiate the need for further treatment. As a result, the request is not medically necessary.