

Case Number:	CM13-0068228		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2010
Decision Date:	04/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 33 year-old male [REDACTED] with a date of injury of 1/12/10. The claimant sustained multiple bodily injuries when boxes of pallets fell on top of him, causing him to be struck to the ground while working for [REDACTED]. It is also reported that the claimant sustained injury to his psyche secondary to his work-related physical injuries. In his "Psychological Initial Consultation Report" dated 11/15/13, [REDACTED] diagnosed the claimant with Depressive disorder NOS, in substantial remission.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) psychology visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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 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, this request is the

initial request for services following [REDACTED] initial consultation on November 15, 2013. The ODG indicates that for the treatment of depression an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. [REDACTED] indicated that he was "recommending authorization for six (6) psychotherapy visits with [REDACTED] to deal with his residual very mild to minimal mood symptoms." Given that this request is for an initial 6 sessions, it is completely within the recommendations and is therefore, medically necessary