MAXIMUS Federal Services

Case Number:	CM13-0071689		
Date Assigned:	01/08/2014	Date of Injury:	11/26/2002
Decision Date:	06/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 61 year-old male with a date of injury of 11/26/02. The claimant sustained injury to his right foot and ankle when his right foot got caught in a door frame, forcefully rotating his foot and causing him to have immediate onset of pain and discomfort. The claimant sustained this injury while working as a manager for [redacted]. In a PR-2 report dated 11/22/13, [redacted] diagnosd the claimant with: (1) Right ankle injury/tendon tear, status post repair; (2) Status post multiple sugeries on the right ankle including right ankle fusion; (3) Low back pain; (4) Lumbar degenerative disc disease; (5) Lumbar discgenic pain; (6) Spondylolisthesis of L4 on L5; (7) Dorsal lateral annular fissure at L4-5; (8) Mild spinal stenosis at L4-5. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a 11/4/13 progress note, psychiatrist, [redacted], dianosed the claimant with Major Depressive Disorder with Anxiety Features. In his most recent progress note dated 9/12/13, [redacted] diagnosed the claimant with" (1) Major depressive disorder, singel episode, moderat; (2) Anxiety disorder, NOS; and (3) Pain disorder associated with both psychological factors and general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY WITH [redacted]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions for chronic pain as well as the Offiical Disability Guideline regarding the cognitive beahvioral treatment of depression are being used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services from [redacted] since October 2012, however, the exact number of sessions completed to date nor the progress of the most recent sessions is known as there are no current records offered for review from [redacted]. [redacted]. It appears that the last progress note offered for review is dated 9/12/13. As indicated, without any recent information discussing the types of treatment being offered, how many sessions have been completed, and the progress/improvements achieved through those sessions, the need for additional sessions cannot be determined. Additionally, the request for "Additional Psychotherapy with [redacted]" remains too vague as it does not offer specific information regarding the number of additional sessions being requested and over what duration of time. As a result, the request for "Additional Psychotherapy With [redacted]" is not medically necessary.