

Case Number:	CM14-0000613		
Date Assigned:	01/10/2014	Date of Injury:	02/14/2009
Decision Date:	08/01/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 52 year-old female (██████████) with a date of injury of 2/14/09. The claimant sustained injuries to her back and right hip when she tripped and fell while working for ██████████. In the RFA dated 11/27/13, ██████████ diagnosed the claimant with Major depressive disorder, secondary to chronic pain. It is noted that there were nor medical nor psychological records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR OUTPATIENT PSYCHOTHERAPY MONTHLY THROUGH 01/31/2014 (TWO SESSIONS), ONCE A WEEK FOR FOUR (4) WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

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 Guideline regarding the cognitive treatment of depression will be used as

reference for this case. It is noted that there were no medical nor psychological records submitted for review, only the utilization determination letters. Without sufficient information, the need for further treatment cannot be determined. As a result, the request for retrospective request for outpatient psychotherapy monthly through 01/31/2014 (two sessions), once a week for four (4) weeks is not medically necessary.