

Case Number:	CM14-0007179		
Date Assigned:	02/07/2014	Date of Injury:	04/15/2012
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/20/2014

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 patient is a 59 year-old male([REDACTED] with a date of cumulative trauma injury from 6/1/98 - 4/14/12. The patient sustained orthopedic injuries of the bilateral shoulders, wrists, and hands as the result of repetitive movements. He also sustained injury to his psyche as the result of ongoing work related stress and in response to his orthopedic injuries. The patient sustained these injuries while working as an Employment Representative for the [REDACTED]. In a PR-2 report dated 11/6/13, The physician diagnosed the patient with the following: (1) Head pain; (2) Blurred vision; (3) R/O bilateral hearing loss; (4) Cervical spine musculoligamentous strain/sprain with radiculitis, r/o disc protrusion; (5) Thoracic spine musculoligamentous strain/sprain; (6) Lumbar spine musculoligamentous strain/sprain, r/o disc protrusion; (7) Right shoulder strain/sprain and tendinitis, r/o/ impingement syndrome; (8) Left shoulder strain/sprain; (9) Bilateral elbow strain/sprain and lateral epicondylitis; (10) Bilateral wrist strain/sprain; (11) Bilateral knee strain/sprain, r/o internal derangement; (12) Depression/anxiety, situational; and (13) Sleep disturbance secondary to pain. Additionally, the patient completed an "Initial Comprehensive Psychological Evaluation with Associated Psychodiagnostic Testing" with [REDACTED] and has been diagnosed with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; and (3) Sleep disorder due to pain and rumination, insomnia type.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS QTY:3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Psychological Evaluatio.

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 behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the patient is struggling with symptoms of depression and anxiety. Although he completed an AME in psychiatry with [REDACTED] and [REDACTED] in March 2013, it does not appear that the patient received any subsequent psychological services. It was not until [REDACTED] "Initial Comprehensive Psychological Evaluation with Associated Psychodiagnostic Testing" dated 11/18/13 that a request for subsequent psychological services was made. The request under review represents part of that initial request for services. It appears that there were two separate requests for psychotherapy sessions as part of the initial request and that the patient was authorized 10 psychotherapy sessions as a result. Given this information, the request for "Cognitive Behavioral Psychotherapy Sessions Qty:3.00" is redundant and serves as a duplicate request thereby making it not medically necessary.