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| Case Number: | CM14-0009555 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 04/03/2009 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 49 year-old female with differing dates of injury depending upon the form reviewed. On the "Application for IMR" dated 1/14/14, DOI is listed as 1/1/09. On the "Utilization Review" form from [REDACTED] dated 12/19/13, DOI is listed as 4/3/09. On [REDACTED] "Office Evaluation dated 7/22/13, the DOI is listed as 9/1/05; 1/1/09, and 12/1/10. Lastly, on [REDACTED] "Agreed Medical Examination in Psychiatry" report dated 7/3/13, DOI is listed as 6/6/06, and CT 9/1/05-2/01/10. The claimant sustained her orthopedic injury while working as a laborer/kitchen worker for [REDACTED] and [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 12/17/13 "RFA", [REDACTED] diagnosed the claimant with Depressive disorder, NOS and Sleep stage dysfunction NEC.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 6-12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

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 claimant began psychiatric services with [REDACTED] in October 2012. It does not appear that she has received any psychotherapy services to address symptoms of depression resulting from her work-related orthopedic injuries. It is recommended that if the claimant continues to experience psychiatric symptoms that are not being managed completely by her psychiatric medications, then a request for a psychological evaluation would be appropriate. Since there is no psychological evaluation offering specific psychotherapy recommendations, the request for "Psychotherapy 6-12 Sessions" appears premature. Based on the results of the evaluation, a request for psychotherapy sessions may follow. Additionally, the request exceeds the initial number of sessions set forth by the ODG. As a result, the request for "Psychotherapy 6-12 Sessions" is not medically necessary.