

Case Number:	CM14-0102783		
Date Assigned:	07/30/2014	Date of Injury:	04/11/2008
Decision Date:	10/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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 68 year-old female [REDACTED] with a date of injury of 4/11/08. The claimant sustained orthopedic injuries while working for Office Depot. The mechanism of injury was not found within the medical records. In his "Follow-Up Report of a Primary Treating Physician" dated 5/13/14, [REDACTED] and Physician Assistant, [REDACTED], diagnosed the claimant with: (1) Chondromalacia Patellae; and (2) Thoracic or lumbosacral neuritis or radiculitis, NOS. Additionally, in his "Agreed Medical Re-Examination in Orthopaedics" dated 2/20/14, [REDACTED] offered the following impressions: (1) Chronic recurrent musculoligamentous injury, lumbosacral spine; (2) Multilevel degenerative disc disease, lumbosacral spine; (3) Status post arthroscopy, left knee; (4) Compensable consequence close intra-articular supracondylar fracture, right distal femur, status post open reduction fixation with retrograde locking nail and intrafragmentary screw with superimposed pre-existing osteoarthritis of the right knee; and (5) Obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of psychotherapy for depression and exposure to pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment and Behavioral Interventions. Page(s): 101-102. Decision based on Non-MTUS Citation ODG - Cognitive Behavioral Therapy (CBT).

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on [REDACTED] "Follow-Up Report of a Primary Treating Physician" dated 5/13/14, the claimant continues to experience some chronic pain. However, he does not offer any arguments for the need of psychological services to help the claimant with her pain. Additionally, he also notes that the claimant "states good results with taper of Zoloft" however, there is no mention of depression symptoms for which psychotherapy may be helpful. Additionally, there is no psychological evaluation that would offer more specific diagnostic information and appropriate treatment recommendations. Without a psychological evaluation nor any information to substantiate the request for psychological services, the request for "4 sessions of psychotherapy for depression and exposure to pain" is not medically necessary.