MAXIMUS Federal Services

Case Number:	CM14-0012258		
Date Assigned:	02/21/2014	Date of Injury:	04/04/2000
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 60 year-old female ([redacted]) with a date of injury of 4/4/00. The claimant sustained injury while working as a teacher for the [redacted] D[redacted]. The mechanism of injury is not found within the medical records offerd for review. In a "Treating Physician's Progress Report; Review of Medical Records: and Request for Authorization" dated 10/28/13, [redacted] diagnosed the claimant with: (1) Status post left knee surgery; (2) Fibromyalgia; (3) Temporomandibular joint disorder; (4) Gastropathy secondary to multiple ant-inflammatory medications in order to relieve her orthopedic injuries; and (5) Irritable bowel yndrome. Additionally, in his 11/21/13 PR-2 report, [redacted] diagnosed the claimant with: (1) Status post left total knee arthroplasty; (2) Partial tear of the gluteus medius tendon, left hip; (3) Trochanteric bursitis, left hip; (4) Tronchanteric bursitis, right hip; (5) Lumbar spine myoligamentous sprain/strain; (6) Lumbar discopathy; and (7) lumbar disc protrusion. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related phsyical injuries and pain. In a "Progress Report" dated 7/24/13, [redacted], [redacted] diagnosed the claimant with: Anxiety disorder due to a general medical condition ad Major depression sue to a medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review

IMR ISSUES, DECISIONS AND RATIONALES

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

POSSIBLE RETROSPECTIVE 7/1/2013-12/31/2013) WEEKLY PSYCHOLOGICAL SERVICES TO INCLUDE COGNITIVE BEHAVIORAL,PSYCHO-EDUCATION AND SUPPORTIVE: Upheld

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

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, as well as Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pg. 58)

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline for the cognitive behavioral treatment of depression and the American Psychiatric Association guideline for the maintenance phase treatment of patients with major depressive disorder will be used as references for this case. Based on the review of the medical records, the claimant has been receiving psychological services from [redacted], [redacted]; However, neither the number of services completed to date nor the progress/improvements from all of those sessions is known. There are some hand written notes as well as progress reports indicating sessions on 7/1/13, 7/15/13, 7/29/13, 9/9/13, 10/7/13, 10/22/13, 11/5/13, and 11/18/13, however, it appears that the claimant has been receiving services from [redacted] for quite some time. In her "Treatment Request for Authorization of Outpatient Psychological Services" dated 1/6/14, [redacted] offered information regarding the treatment goals of therapy for the claimant, but did not elaborate on all of the previous treatment. Although the ODG is more applicable to acute cases, it does discuss the importance of objective functional improvements in regards to the continuation of services. The APA guideline indicates that for maintenance phase treatment the duration of time and the number of sessions can vary according to a number of factors. It is evident that the claimant is currently in maintenance phase treatment however, more inforamtion about previous treatment needs to be presented in order to determine the need for continued services. The request under review is for retrospective services from July 2013 through December 2013. There were no psychological records offered for review prior to 7/1/13. As a result of insufficient information about prior treatment that could offer support and substantiate the request for the retrospective sessions, the request for "Weekly Psychological Services to include Cognitive Behavioral,Psycho-Education and Supportive (possible retro 7/1/2013-12/31/2013)" is not medically necessary.