

Case Number:	CM14-0013562		
Date Assigned:	02/26/2014	Date of Injury:	07/12/2011
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 48 year-old male with a date of injury of 7/12/11. The claimant sustained injury to his lumbar spine as the result of lifting a heavy object while working as a landscape laborer for [REDACTED]. It is reported that the claimant also developed psychiatric symptoms secondary to his work-related orthopedic injury. In a psychological evaluation conducted by [REDACTED] and dated 8/16/13, the claimant is diagnosed with Depressive disorder, NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY FOR EVALUATION AND TREATMENT FOR 15 WEEKLY SESSIONS, WITH A SPANISH SPEAKING THERAPIST: 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 Evaluation Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS guideline for psychological evaluations and the ODG guideline regarding the cognitive behavioral treatment of depression will be used as references

for this case. Based on the review of the medical records, the claimant has been struggling with depressed mood since shortly after his injury in 2011. He completed a psychological evaluation with the physician in July 2013 with results reported in August 2013. In that report, the physician suggested 15 psychotherapy sessions with a Spanish speaking therapist. Since the claimant has already been evaluated by a psychologist, the request for another psychological evaluation is not necessary. Additionally, although the claimant will benefit from psychotherapy services, the request for 15 sessions exceeds the number of initial psychotherapy sessions set forth by the ODG. The ODG indicates that for the treatment of depression, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks(individual sessions)" may be necessary. It is noted that the claimant received a modified authorization of 1 psychological evaluation in response to this request. Therefore the request for "Psychotherapy for Evaluation and Treatment for 15 Weekly Sessions, With a Spanish Speaking Therapist" is not medically necessary.