

Case Number:	CM14-0013680		
Date Assigned:	02/26/2014	Date of Injury:	12/01/2000
Decision Date:	10/06/2014	UR Denial Date:	01/23/2014
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 licensed 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 66 year-old female (DOB [REDACTED]) with a date of injury of 1/21/00. The claimant sustained cumulative trauma injuries to her neck, back, right shoulder, bilateral upper extremities, wrists, etc. due to routine computer work while working as the director of employee relations for [REDACTED]. It is reported that the claimant also developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his PR-2 report dated 11/13/13, treating psychiatrist, [REDACTED], diagnosed the claimant with Major depressive disorder, single episode, and moderate. This diagnosis was also provided by treating psychologist, [REDACTED], in his 8/21/13 PR-2 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental/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, Psychotherapy Guidelines; Other Medical Treatment Guideline or Medical

Evidence: APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010), Maintenance phase (pg. 19)

Decision rationale: The California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the limited medical records, the claimant has been receiving psychological and psychiatric services for some time. Most recently, she has been treating with psychiatrist, [REDACTED], and psychologist, [REDACTED]. Other than a brief PR-2 report dated 8/21/13, there were no other medical records or reports from [REDACTED]. Due to insufficient information, the number of recent psychotherapy sessions completed to date is unknown as well as the patient's response to treatment. Without this information, the need for further treatment cannot be fully determined. As a result, the request for continued 6 sessions of psychotherapy is not medically necessary.