

Case Number:	CM14-0014034		
Date Assigned:	02/26/2014	Date of Injury:	02/10/1995
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 56 year-old female (██████████) with a date of injury of 2/10/95. The claimant sustained injury to her lower back, upper back, and neck as the result of her chair slipping out from under her. When this happened, the claimant fell onto her buttocks and the chair hit her back. This injury occurred while working as a social service employee for the office of ██████████. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related industrial injury. In his 1/22/14 progress note, ██████████ diagnosed the claimant with Major depressive disorder, recurrent, severe and Pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , PAGES 105-127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CA MTUS 2009, 100-101

Decision rationale: The CA MTUS guideline regarding psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services intermittently with [REDACTED] since her injury. It appears that she was seen once by [REDACTED] in April of 2013 and contacted him again in October 2013. At that time, [REDACTED] completed an updated consultation and began another round of 12 sessions of psychotherapy. It is unclear from the records as to why a comprehensive consultation is being requested at this time. Since the claimant has already been receiving services with [REDACTED], a comprehensive consultation does not appear necessary. As a result, the request for a comprehensive consultation is not medically necessary.

WEEKLY INDIVIDUAL PSYCHOTHERAPY SESSIONS, # 12: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive behavioral treatment of depression as well as the American Psychiatric Association Guideline for treating 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 intermittently with [REDACTED] since her injury. In 2013, it appears that she was seen once by [REDACTED] in April of 2013 and contacted him again in October 2013. At that time, [REDACTED] completed an updated consultation and began another round of 12 sessions of psychotherapy. A request has been made for an additional 12 sessions. The ODG, which is most applicable to acute cases, discusses the need to demonstrate objective functional improvement in order to obtain additional services. Although this guideline is not the most appropriate for this case, it is important to note that therapy needs to demonstrate some type of progress and/or improvements. The APA (American Psychiatric Association) guideline regarding maintenance phase treatment for patients with major depressive disorder is applicable to chronic cases and recognizes that ongoing therapy may be necessary. [REDACTED] has offered some information about the claimant's treatment and progress. Based on the claimant's need for additional services in order to prepare her for surgery, the request for weekly individual psychotherapy sessions, # 12" is an appropriate request and is therefore, medically necessary.