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| Case Number: | CM14-0014607 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 01/31/2008 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

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, has a subspecialty in 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 52 year-old male with a date of injury of 1/31/08. The claimant sustained injury when he was involved in a roll-over motor vehicle accident while working as a local news cameraman for [REDACTED]. There were no medical records included for review that offered a medical diagnosis. However, according to the most recent progress note dated 11/22/13 by psychiatrist, [REDACTED], the claimant is diagnosed with Major depressive disorder, recurrent with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TIMES SIX (6) SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and 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.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be

used as reference for this case. Based on the review of the limited medical records offered for review, it appears that the claimant receives psychiatric services from [REDACTED] and psychological services from [REDACTED]. It is unclear from the records as to how many services have been completed to date and the objective functional improvements/progress made from those services. The ODG specifically indicates that for further treatment to be considered, objective functional improvements need to be demonstrated. Without information about the number of completed sessions and the progress of those sessions, the need for further treatment cannot be fully determined. As a result of the insufficient information, the request for six (6) psychotherapy sessions is not medically necessary and appropriate.