

Case Number:	CM14-0015269		
Date Assigned:	02/28/2014	Date of Injury:	04/23/1999
Decision Date:	06/27/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/06/2014

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 53 year-old male (██████████) with a date of injury of 4/23/99. The claimant sustained injury to his right shoulder while working for the ██████████. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injury. He is diagnosed by his treating psychologist, ██████████ with Major depression, single episode, severe and Pain disorder. Given the increase in the claimant's symptoms of depression, anger, and anxiety, ██████████ has requested an additional 12 psychotherapy sessions to occur weekly. It is noted that the claimant received a modified authorization of 6 sessions in response to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 WEEKLY INDIVIDUAL PSYCHOTHERAPY SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation I am reversing the prior UR decision. My decision is that the issue listed above IS medically necessary. The reasons for reversing the prior UR decision are listed in the rationale below.

Decision rationale: The CA MTUS does not address the treatment of depression and the ODG only addresses the treatment of depression for acute cases. As a result, the American Psychiatric Association guideline for treating patients with major depressive disorder will be used as reference for this case. Particularly, the guideline regarding maintenance phase treatment will be used. Based on the review of the medical records, the claimant has been receiving psychotherapy services with [REDACTED] for over 10 years. It appears that the claimant was participating in once monthly maintenance phase psychotherapy with [REDACTED] through July 2013. At that time, [REDACTED] requested biweekly sessions due to the claimant's decompensating. The claimant participated in the biweekly sessions through January 2014. At which time, the claimant appeared even further psychologically decompensated as a result of further pain, his pain medications running out and not being reauthorized, and having the inability to participate in a neurology consultation for his right shoulder. Given the increase in the claimant's symptoms of depression, anger, and anxiety, [REDACTED] has requested an additional 12 psychotherapy sessions to occur weekly. The request for an additional 12 sessions (over 3 months) appears appropriate as a means to help the claimant process his frustrations and help him practice effective coping. As a result, the request for 12 weekly individual psychotherapy sessions is medically necessary.