MAXIMUS Federal Services

Case Number:	CM14-0110050		
Date Assigned:	08/01/2014	Date of Injury:	10/17/1996
Decision Date:	09/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 63 year-old female Date of birth 9/10/50 with a date of injury 10/17/96. The claimant sustained multiple orthopedic injuries when she fell while working for the [redacted]. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. It is unclear as to whether she has participated in any psychotherapy. However, she is currently treating with psychiatrist, [redacted], and receiving psychotropic medication. In his PR-2 rpeort dated 5/13/14, [redacted] diagnosed the claimant with Major depressive disorder. It is noted that this Pr-2 report is the only medical report included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy for 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Mental Illness & Stress Procedure Summary last updated 04/09/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (CA MTUS 2009) Page(s): 101-102.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guideline regarding psychological treatment for the treatment of chronic pain will be used as reference for this case.Based on the review of the one PR-2 report as well as the UR reports, the claimant has continued to experience chronic pain as well as symptoms of depression. Because there are no other psyhciatric/psychological records included for review, it is unclear as to whether the claimant has ever participated in psychological services and if so, her response to treatment. Additionally, there is no recent psychological evaluation that would offer more specific diagnostic information as well as appropriate treatment recommendations. In step 2 of the California (MTUS) guideline, it states, "identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Without this information, the request for services appears premature. As a result, the request for "Psychotherapy for 1 month" is not medically necessary. It is noted that the claimant did receive an amended authorization for I month of psychotherapy in the Amended letter from Intercare dated 8/15/14.

Stress management for 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Mental Illness & Stress Procedure Summary last updated 04/09/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (CA MTUS 2009) Page(s): 101-102.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guideline regarding psychological treatment for the treatment of chronic pain will be used as reference for this case.Based on the review of the one PR-2 report as well as the UR reports, the claimant has continued to experience chronic pain as well as symptoms of depression. Because there are no other psychiatric/psychological records included for review, it is unclear as to whether the claimant has ever participated in psychological services and if so, her response to treatment. Additionally, there is no recent psychological evaluation that would offer more specific diagnostic information as well as appropriate treatment recommendations. In step 2 of the California (MTUS) guideline, it states, "identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Without this information, the request for services appears premature. As a result, the request for "Stress management for 1 month" is not medically necessary.It is noted that the claimant did receive an amended authorization for I month of psychotherapy in the Amended letter from Intercare dated 8/15/14.