

Case Number:	CM14-0111707		
Date Assigned:	08/01/2014	Date of Injury:	04/26/2004
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 65 year-old male (██████████) with a date of injury of 4/26/04. The claimant sustained injury to his right shoulder when he was lifting bundles of stakes out of a pick-up truck and developed pain in his shoulder. The claimant sustained this orthopedic injury while working as a maintenance worker for ██████████. In his progress note dated 6/10/14, treating physician, Dr. ██████████, diagnosed the claimant with: (1) Foot-drop gait; (2) Lumbosacral neuritis; (3) Leg length inequality; (4) Chronic pain syndrome; and (5) Recurrent major depressive episodes, moderate. It is also reported that the claimant has developed psychiatric symptoms and has been treating with a psychologist, Dr. ██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych counseling X13 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression, ODG Psychotherapy Guidelines.

Decision rationale: The California MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has developed symptoms of depression secondary to his work-related orthopedic injuries. It appears that the claimant has been treating with psychologist, Dr. [REDACTED]. In a progress note dated 6/5/14, Dr. [REDACTED] wrote that the claimant had completed an Initial Medicine Evaluation on 3/6/13 and has now begun services. It appears that this date could be a mistake and that the claimant actually completed the evaluation on 3/6/14. Because there was no evaluation included for review, there is no confirmation of the exact initial evaluation date. In May 2014, the claimant was authorized for six psychotherapy sessions. In Dr. [REDACTED] progress note dated 6/5/14, it appears that the claimant had only completed one of the 6 authorized sessions. The California MTUS clearly recommends an initial trial of six visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Since the documentation submitted only presents information about one session, the request for an additional 13 sessions is premature. As a result, the request for Psych counseling X13 sessions is not medically necessary.