

Case Number:	CM14-0155327		
Date Assigned:	09/25/2014	Date of Injury:	11/10/2006
Decision Date:	10/27/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/23/2014

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 53 year-old female [REDACTED] with a date of injury of 8/30/03. The claimant sustained injury to her back, neck, shoulders, and wrists when she transferred a wheel-bound client from his wheel chair to his bed. A second injury occurred on 11/10/06 when the claimant was assisting a client from a van and the client lost her balance, causing both the claimant and her client to fall on the ground. The claimant sustained these injuries while working as an instructor for [REDACTED]. In his Pr-2 report dated 7/23/14, [REDACTED] diagnosed the claimant with: (1) Cervical/trapezial musculoligamentous sprain/strain, with muscle contraction headaches; (2) Thoracolumbar musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac joint sprain; (3) Status post bilateral shoulder arthroscopies; (4) Bilateral forearm/wrist sprain/strain (chronic) with possible carpal tunnel syndrome; (5) Status post contusion of the right knee with residual patellofemoral arthralgia; and (6) Psychiatric, internal medicine, sleep and rheumatologic complaints, deferred. Additionally, in his PR-2 report dated 7/18/14, [REDACTED] diagnosed the claimant with: Myalgia and myositis, NOS; and (2) Post-proc states NEC. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the PR-2 report dated 9/4/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; and (2) Pain disorder associated with 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:

12 individual psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline will be used as reference for this case. Based on the review of the medical records, the claimant was evaluated by psychologist [REDACTED] in May 2014. At that time, [REDACTED] recommended 8 psychotherapy sessions, for which the claimant completed. In his PR-2 report dated 9/4/14, it was noted that the claimant continued to be symptomatic despite some improvements in irritability and being more socially active. The objective findings were indicated to be, "tearful, soft-spoken, withdrawn." The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks" may be necessary. Although the claimant has made some progress, the improvements are not measurable nor objective as indicated by the ODG. It appears that the claimant is in need of further services however and additional 12 sessions is not warranted based on the ODG. As a result, the request for an additional 12 Individual Psychotherapy Sessions is not medically necessary.