

Case Number:	CM14-0174957		
Date Assigned:	10/28/2014	Date of Injury:	12/04/2006
Decision Date:	12/04/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/22/2014

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 47 year-old male ([REDACTED]) with a date of injury of 12/4/06. The claimant sustained injury to his back and lower extremities when he was lowering equipment onto a truck. The claimant sustained this injury while working for [REDACTED]. In his most recent P-2 report dated 10/14/14, treating physician diagnosed the claimant with the following: (1) Thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, with multilevel three-millimeter disc bulges and annular tear at the L5-S1 level, degenerative disc disease, facet degenerative joint disease/central canal and neuroforaminal stenosis per MRI scan dated 9/10/08; (2) Cervical/trapezial musculoligamentous sprain/strain with multilevel disc bulges, neuroforaminal stenosis and facet changes per MRI scan 9/10/08; (3) Diabetes, hypertension and deep venous thrombosis, deferred to internal medicine specialist; and (4) Psychiatric complaints. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Medical-Lega Evaluation Report of Treating Physician (Psychologist) & Response to Utilization Review" dated 10/28/14 diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Generalized anxiety disorder; and (3) Pain disorder associated with both psychological factors and general medical conditions. The claimant received individual psychotherapy services.

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: Upheld

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

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 and Other Medical Treatment Guideline or Medical Evidence: APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder Third Edition (2010) Maintenance phase, page 19

Decision rationale: The CA MTUS does not address the treatment of depression; therefore, the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in December 2006. He also continues to experience some psychiatric symptoms of depression and anxiety despite having participated in about 1 year of psychotherapy. It is reported that the claimant completed approximately 24 psychotherapy sessions between March 2013 and October 2014 with intermittent improvements. The request under review is based upon a denial from October 2014. The information provided regarding the need for additional sessions is relevant; however, the request for an additional 12 sessions above and beyond the already completed 24 appears excessive. The ODG recommends a total of up to 20 psychotherapy sessions. The APA suggests decreasing the frequency of sessions during the maintenance phase of treatment. Given these guidelines, the request for an additional 12 weekly individual psychotherapy sessions is not medically necessary.

Unknown Transportation services to and from appointments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: Neither the CA MTUS, ACOEM, nor the ODG address transportation issues. Therefore, the ACOEM will be used in relation to discussing patient responsibility. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in December 2006. He also continues to experience some psychiatric symptoms of depression and anxiety. The request under review is based upon an authorization denial from October 2014. In that denial, it was reported that transportation issues are not to be determined by UR and instead, should be directed to case management. Utilizing information found in the ACOEM, chapter 5, pg. 83, "...patients must assume certain responsibilities. It is important that patients stay active or increase activity to minimize disuse, atrophy, aches, and musculoskeletal pain, and to raise endorphin levels. They must...keep appointments..." As a result of the UR

denial and the information cited, the request for unknown transportation services to and from appointments is not medically necessary.