

Case Number:	CM14-0175211		
Date Assigned:	10/28/2014	Date of Injury:	02/22/2011
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 52 year-old male [REDACTED] with a date of injury of 2/22/11. The claimant sustained injury while working for the [REDACTED]. In his note dated 8/27/14, treating physician, [REDACTED], diagnosed the claimant with Meningioma. Additionally, in his "Agreed Medical Evaluation" dated 8/7/14, [REDACTED] diagnosed the claimant with: (1) Complaint of multiple orthopedic injuries; (2) Hypertension; (3) Anxiety and depression; (4) Meningioma; and (5) Seizure disorder. It is noted that there were no psychological records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy; one (1) session per week times twenty (20) 52 minutes per session: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed

outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the limited medical records, the claimant completed his first psychological evaluation with [REDACTED] in May 2011. It is unclear whether any follow-up psychological services were completed. However, it appears that [REDACTED] was providing some services in 2011 and 2013. The claimant completed a psychiatric evaluation with [REDACTED] in July 2011. It appears that he was followed by [REDACTED] until the end of 2013. Because there are no psychological records submitted for review, there is no documentation to support the need for additional services. As a result, the request for "Individual Psychotherapy; one (1) session per week times twenty (20) 52 minutes per session" is not medically necessary. It is noted that the claimant was given a modified authorization of 4 psychotherapy sessions in response to this request.