

Case Number:	CM14-0177262		
Date Assigned:	10/30/2014	Date of Injury:	05/30/2012
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 46 year-old male with a date of injury of 5/30/12. The claimant sustained injury to his neck and back while working for [REDACTED]. In his PR-2 report dated 10/1/14, [REDACTED] diagnosed the claimant with: (1) Occipital neuralgia; (2) Superior glenoid labrum tear; (3) Cervical radiculopathy; and (4) Sprain/strain, neck. Additionally, in the "Encounters and Procedures" note dated 9/30/14, [REDACTED] diagnosed the claimant with cervical spondylosis with myelopathy. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Consultation" report dated 8/15/14, [REDACTED] diagnosed the claimant with: (1) Major depression; (2) Agoraphobia with panic attacks; and (3) Chronic pain disorder. The claimant has been receiving psychotropic medication management services from [REDACTED] and psychotherapy services with [REDACTED]. The request under review is for additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Sessions Weekly times 4 Sessions; Then Every Other Week for 8 Weeks:
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

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 medical records, the claimant continues to experience chronic pain since his injury in May 2012. He has also developed psychiatric symptoms of depression and anxiety. He has been receiving psychotropic medication management services from [REDACTED] and psychological services from [REDACTED]. It is unclear from the records as to how many psychotherapy sessions have been completed to date and [REDACTED] "Consultation" reports appear much the same from month to month excluding the "current progress" section. In his "Consultation" report dated 8/15/14, [REDACTED] indicated no progress or improvements as a result of the psychotherapy. He only indicated that he "continued training the patient in cognitive behavioral and self-regulation coping skills. It taught the injured specific breathing and stress management exercises to help increase his control of breathing and self-comfort." Without knowing the number of completed sessions to date nor seeing many objective functional improvements gleaned from those sessions, the need for additional psychotherapy sessions cannot be fully determined. As a result, the request for "Psychology sessions weekly x4 sessions, then every other week for 8 weeks" is not medically necessary.