

Case Number:	CM14-0021294		
Date Assigned:	05/07/2014	Date of Injury:	12/02/2009
Decision Date:	07/09/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 female (██████████) with an injury of 12/2/09. The claimant sustained injuries to her hand and knee in addition to exacerbating previous neck and back issues when she tripped and fell in the parking structure while working for ██████████. It is also reported that the claimant developed psychiatric symptoms beginning in 2010 secondary to her work-related orthopedic injuries. In his "Request for Treatment Authorization" letter dated 2/24/14, ██████████ diagnosed the claimant with Major depressive disorder, severe. This is an updated diagnosis from the previous diagnoses of Adjustment disorder with mixed anxiety and depression, Insomnia type sleep disorder due to pain, and Psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY ONE(1) SESSION PER WEEK FOR TWENTY WEEKS(X20):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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; The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010).

Decision rationale: The CA MTUS does not address the treatment of depression. The ODG will be used as it relates to the use of cognitive behavioral therapy in the treatment of depression. However, because the guideline relates more to acute cases, the American Psychiatric Association guideline regarding maintenance phase treatment for patients with major depressive disorder will also be used as reference for this case. Based on the review of the medical records, the claimant has been struggling with chronic pain since her injury in 2009. It is reported that she developed psychiatric symptoms in 2010 and completed her first psychological consultation with ██████████ in October 2010. At that time, the claimant was referred for psychotherapy sessions and participated in therapy with ██████████ until approx. March 2011. She also had been receiving psychotropic medications from ██████████ during that time. It appears that the claimant did not participate in any types of psychotherapy from March 2011 through early 2013. In his "Request for Treatment Authorization" dated 2/24/14, ██████████ reports that the claimant was re-evaluated by him on May 2013 and once again referred to psychotherapy. He further reports that she attended 2 sessions on September 18, 2013 and October 2, 2013 with Leyla Obledo, MFT. It is unclear why the claimant waited until September to participate once again in psychotherapy and why she only attended two sessions. Although the ODG is related more to acute cases, information pertaining to "objective functional improvements" is helpful when requesting additional treatment. Since the claimant only attended 2 sessions, there is a lack of information pertaining to her progress from those sessions. Despite this, it appears that the claimant remains symptomatic and in need of services. She is deemed permanent and stationary and will likely need to resume maintenance services. However, the request for an additional 20 sessions of psychotherapy appears excessive as it does not offer a reasonable time period for reassessment of goals, treatment plan, etc. As a result, the request for "PSYCHOTHERAPY ONE(1) SESSION PER WEEK FOR TWENTY WEEKS(X20)" is not medically necessary.