

Case Number:	CM14-0021310		
Date Assigned:	05/16/2014	Date of Injury:	04/29/2005
Decision Date:	07/14/2014	UR Denial Date:	01/31/2014
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 64 year-old female with a date of injury of 4/29/05. The claimant sustained injuries to her bilateral shoulders, bilateral upper extremities, low back, and bilateral knees when she tried pulling a patient up in bed while working as a nursing assistant. In his 1/27/14 "Medical Records Review" letter, [REDACTED] diagnosed the claimant with fibromyalgia. It is also reported that the claimant has struggled with psychiatric symptoms secondary to her work-related physical injuries. In their most recent PR-2 report dated 9/30/13, [REDACTED] and [REDACTED] diagnose the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Insomnia-type sleep disorder due to pain; and (3) Psychological factors affecting medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments Page(s): 102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1)Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression. 2)The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pg. 58).

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression and the American Psychiatric Guideline regarding the maintenance phase of treatment for patients with major depressive disorder will be used as references for this case. Based on the review of the medical records, the claimant has been receiving psychotherapy services with [REDACTED] and/or his associate, [REDACTED], since 2011. She previously received psychological services from 2008 through 2009 from [REDACTED] and his associates. It is reported that she received psychological services from 2009 through 2011 with a [REDACTED]. In his 1/23/14 "Request for Treatment Authorization" letter, [REDACTED] presents relevant and useful information supporting the need for additional services for the claimant. However, the request for weekly psychotherapy treatment remains too vague, as it does not indicate the type of psychotherapy treatment being requested, how many sessions, nor the duration of time to complete the treatment. As a result, the request for "weekly psychotherapy treatment" is not medically necessary.