MAXIMUS Federal Services

Case Number:	CM14-0031328		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2007
Decision Date:	08/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/11/2014

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 59 year-old female ([redacted]) with a date of injury of 3/22/07. The claimant sustained injury to her left leg when a child on a bicylce hit her left leg just below the knee. The claimant sustained this injury while working as a teacher for [redacted]. In the 2/7/14 PR-2 report from physician assistant, [redacted], the claimant is diagnosed with: (1) CPRS type II bilateral lower extremities; (2) injury to peroneal nerve; and (3) Ankle/foot pain. She has been treated via accupuncture, medications, physical therapy, injections, home exercises, and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injury. In his 10/15/13 PR-2 report, [redacted] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Sleep disorder due to medical condition; (3) Pain disorder; and (4) Opiod dependence (industrial related). The claimant has received psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognative Behavior Therapy X 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM guidelines, exacerbation-page 58-59.

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 California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as referene for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her March 2007 injury. She has also developd symptoms of depression. It was reported in the records that the claimant has completed 4 psychotherapy sessions at [redacted] however, there is only one report submitted from [redacted]. In that report, dated 10/15/13, [redacted] references the fact that the claimant has had psychotherapy however, there is no information about the number of sessions completed and the exact progress/objective functional improvements made from those sessions. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Without more information, the need for continued services cannot be fully determined. As a result, the request for Cognitive Behavior Therapy X 12 Sessions is not medically necessary. It is suggested that future requests for psychological services include all relevant documentation per the cited guidelines, to support and substantiate the request.