

Case Number:	CM14-0036842		
Date Assigned:	06/25/2014	Date of Injury:	09/09/2011
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 45 year-old female with a date of injury of 9/9/11. The claimant sustained an orthopedic injury while working for the [REDACTED]. The mechanism of injury was not found within the medical records. In his PR-2 report dated 3/5/14, [REDACTED] diagnosed the claimant with: (1) Sprain of ankle NEC; (2) Sprain of ankle deltoid; and (3) Lumbosacral neuritis NOS. It is also suggested that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her 3/10/14 RFA, [REDACTED] diagnosed the claimant with Major Depressive Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Based on a review of the medical records, it appears that the claimant has been participating in outpatient psychotherapy services. However, other than 2 very brief reports

and the RFA's, there is no further information indicating the number of completed sessions and the specific objective functional improvements made from those sessions. The ODG indicates that for the treatment of depression there is to be 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 enough documentation to substantiate the request, the need for further sessions cannot be fully determined. As a result, the request is not medically necessary.