

Case Number:	CM14-0039485		
Date Assigned:	06/27/2014	Date of Injury:	09/15/2010
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 57 year-old male (██████████) with dates of cumulative trauma injury from 9/15/10-9/15/11. The claimant sustained orthopedic injuries to his left knee, back, hip, and neck while performing his usual and customary duties as a Court Services Specialist for the ██████████. In a PR-2 report dated 4/3/14, ██████████ diagnosed the claimant with: (1) Cervical spine strain/sprain rule out herniated cervical disc with radiculitis/radiculopathy; (2) Lumbar spine strain/sprain positive PRI herniated lumbar disc L5-S1 with radiculitis/radiculopathy, left greater than right; (3) Right knee strain/sprain rule out internal derangement; (4) Left knee strain/sprain rule out internal derangement, status post left knee scope, Hyalgan injection; (5) Right hip strain/sprain; (6) Left hip strain/sprain; (7) History of psychological injury; and (8) Vertigo. It is also reported that the claimant sustained injury to his psyche secondary to his work-related orthopedic injuries. In his initial treatment report of Primary Treating Physician (Psychologist) with significant changes to treatment plan dated 9/18/13, ██████████ diagnosed the claimant with an Adjustment disorder with mixed anxiety and depressed mood and pain disorder associated with both psychological factors and a general medical condition. In a recent PR-2 report dated 3/12/14, ██████████ added a diagnosis of Major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 1x 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines and Non-MTUS Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines, (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding cognitive therapy for depression will be used as reference for this case. Based on the review of the minimal records submitted, the claimant completed an initial psychological evaluation with [REDACTED] in September 2013. At that time, [REDACTED] recommended psychotherapy services. It is unclear from the records how many sessions were completed by the claimant and exactly what were the objective functional improvements made from those sessions. There is a PR-2 report dated 3/12/14 indicating continued symptoms with suicidal ideation however, there are no records from services completed between September 2013 and March 2014. The ODG indicates that for the treatment of depression, it is recommended that there be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 sessions over 13-20 weeks (individual sessions)" may be necessary. Without more information about the number of completed services and the progress/improvements from those sessions, the need for additional sessions cannot be substantiated based on the cited guidelines. As a result, the request for "Individual Psychotherapy 1x 12 Sessions" is not medically necessary.