

Case Number:	CM14-0041936		
Date Assigned:	06/30/2014	Date of Injury:	11/08/2011
Decision Date:	08/07/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 a licensed Psychologist 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 32 year-old male (██████████) with a date of injury of 11/1/11. The claimant sustained injuries to his head, shoulder, ankle, and back when he was struck in the head and body by several 600 lb. wood beams while working as a Framer for ██████████. In his 3/19/14 PR-2 report, the claimant was diagnosed with: (1) Head injury, NOS; (2) Derangement of joint NOS of shoulder; (3) Lumbar sprain/strain; (4) Closed ankle fracture, NOS; and (5) Anxiety disorder, NOS. It is reported that the claimant has also developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his recent Supplemental Report of Treating Physician (Psychologist) with Response to Utilization Review and Continued Authorization Request report dated 4/24/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; and (2) Pain disorder associated with both psychological factors and a general medical condition. The claimant's psychiatric diagnoses are the 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:

8 WEEKLY INDIVIDUAL PSYCHOTHERAPY SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pPSYCHOTHERAPY. 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) Mental Illness and Stress Chapter Other Medical Treatment Guideline or Medical Evidence: APA PRACTICE GUIDELINE FOR THE Treatment of Patients With Major Depressive Disorder Third Edition (2010).

Decision rationale: Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] on 7/30/13 (see the initial psychological report dated 9/6/14). He began psychotherapy services with [REDACTED] shortly thereafter. It is unclear exactly how many sessions have been completed to date. However, it is noted within the records of both [REDACTED] and [REDACTED] that the claimant reported being helped by the psychotherapy services. In [REDACTED] report dated 4/24/14, he wrote that the claimant has increased hope, reduced depression and irritability, and improved interpersonal interactions. Given the claimant's improvements and his motivation to continue in therapy, the request for an additional 8 psychotherapy sessions is reasonable. As a result, the request for 8 weekly individual psychotherapy sessions is medically necessary and appropriate.