

Case Number:	CM14-0042059		
Date Assigned:	06/30/2014	Date of Injury:	11/11/2010
Decision Date:	07/30/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/08/2014

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 44 year-old male () with a date of injury of 11/11/10. The claimant sustained injuries to his back, neck, and shoulder when he was involved in a motor vehicle accident while driving. In his primary treating physician's progress report (PR-2) dated 3/18/14, the treating physician diagnosed the claimant with, multiple lumbar disc bulges, chronic cervicothoracic strain/sprain, left shoulder possible posterior labral tear, right shoulder partial thickness tear of the supraspinatus and infraspinatus tendons per an MRI dated 4/23/13, and a possible partial thickness tear of long head biceps tendon per MRI dated 4/23/13. The claimant has been treated via physical therapy, medications, and injections. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his PR-2 report dated 3/31/14, the treating physician diagnosed the claimant with, major depressive disorder, single episode, moderate, insomnia-type sleep disorder due to pain, male hypoactive sexual desire disorder due to pain, and psychological factors affecting medical condition. The claimant has been treated with individual and group psychotherapy as well as medication management services. 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:

Psychotherapy treatment 1 session per week for 20 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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, as well as, the Non-MTUS Treatment of Patients with Major Depressive Disorder, page 19.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the ODG regarding the cognitive treatment of depressions and the American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references in this case. Based on the review of the medical records, the claimant participated in his first psychological evaluation in June 2011. It is reported that the claimant received individual psychotherapy services for approximately one year until June 2012. He also completed some group psychotherapy during that time as well. It appears that the claimant did not receive any psychological services from June 2012 until he was evaluated by the treating physician on 9/9/13. It appears that the claimant resumed psychotherapy sessions however; the exact number of completed sessions to date is unknown. Although the treating physician presents relevant information regarding the claimant's current symptoms and need for further services, the request for an additional 20 sessions (over 5 months) appears excessive as it does not allow for a reasonable time period for reassessment of treatment plan goals and/or interventions as well as progress and improvement. Additionally, without knowing exactly how many sessions have been completed to date, it is difficult to utilize the treatment guidelines to determine further sessions. As a result, the request for Psychotherapy treatment 1 session per week for 20 weeks is not medically necessary.