

Case Number:	CM14-0056531		
Date Assigned:	07/07/2014	Date of Injury:	01/05/2007
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 53 year-old female with a date of injury of 1/5/07. The claimant sustained injury to her back while moving boxes and files during an office move. The claimant sustained this injury while working for [REDACTED]. In his Treating Physician's Progress Report, Review of Medical Records, Request for Authorization, and Appeal of Denial of Treatment dated 4/18/14, [REDACTED] diagnosed the claimant with lumbar spine sprain/strain with lumbar disc protrusion, degenerative disc disease, and degenerative spondylosis, bilateral lower extremity radiculopathy symptoms (left greater than right), status post bilateral carpal tunnel release and left trigger thumb, and left knee internal derangement. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his Initial Comprehensive Psychiatric Evaluation dated 10/14/13, [REDACTED] diagnosed the claimant with depressive disorder not otherwise specified and hypoactive sexual desire disorder/female sexual arousal disorder, acquired/generalized type due to combined factors. She has not received any recent psychiatric nor psychological services to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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 reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in January 2007. She has also developed psychiatric symptoms secondary to her work-related orthopedic injuries. It was reported in [REDACTED] 10/14/13 "Initial Comprehensive Psychiatric Evaluation" that the claimant reported that she saw a psychologist, [REDACTED], twice a week for a year. It is unclear when this treatment occurred and what was the outcome of services. Despite this, the claimant's psychiatric symptoms have resumed. Although [REDACTED] recommended psychotherapy, there has yet to be a thorough psychological assessment completed that can add more diagnostic information as well as offer appropriate treatment recommendations. Without this information from a psychologist, the request for psychotherapy appears slightly premature. Additionally, the request for "Psychotherapy" remains too vague as it does not indicate how many sessions are being requested nor the duration of time for which the sessions are to occur. As a result of not having an already completed psychological evaluation and the vagueness of the request, the request for "Psychotherapy" is not medically necessary.