

Case Number:	CM14-0059983		
Date Assigned:	07/09/2014	Date of Injury:	11/18/2004
Decision Date:	08/21/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/01/2014

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 44 year-old male (██████████) with a date of injury of 11/18/2004. The claimant sustained injury while working for ██████████. The mechanism of injury is not found within the medical records. In his PR-2 report dated 7/10/14, ██████████ diagnosed the claimant with: (1) Depressive disorder not elsewhere classified; (2) Generalized anxiety disorder; (3) Chronic pain syndrome; (4) Injury to median nerve; (5) Injury to radial nerve; (6) Pain in joint, hand; (7) Pain in joint, forearm; (8) Pain in joint, upper arm; (9) Pain in joint, shoulder region; and (10) Reflex sympathetic dystrophy of the upper limb. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injury. In his PR-2 report dated 7/2/14, psychiatrist, ██████████, diagnosed the claimant with: (1) Depressive disorder, not elsewhere classified; and (2) Generalized anxiety disorder. The claimant has treated his psychiatric symptoms with psychotropic medications and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Psychotherapy visits: Upheld

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

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

Decision rationale: The CA 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 had been participating in psychotherapy services with [REDACTED] however, there are no notes from [REDACTED] included for review. Without information about prior services, the need for additional sessions cannot be fully determined. As a result, the request for four Psychotherapy visits is not medically necessary.