

Case Number:	CM14-0062841		
Date Assigned:	07/11/2014	Date of Injury:	01/04/2013
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 26 year-old female (██████████) with a date of injury of 1/4/13. The claimant sustained injury to her spine as the result of a motor vehicle accident while working as an Employment and Training Worker II for ██████████. In his 7/1/14 visit note, ██████████ diagnosed the claimant with: (1) Sprain of unspecified site of back; (2) Sprain of spinal ligament; (3) Thoracic sprain; and (4) Thoracic back sprain. Additionally, ██████████ conducted a Qualified Medical Evaluation on 4/22/14 and diagnosed the claimant with: (1) Cervical spine strain/sprain; (2) Thoracic spine strain/sprain; (3) Thoracic spine 4/3 mm disc protrusion at T11-T12; (4) Lumbosacral spine strain/sprain; and (5) Lumbar spine disc protrusion at L5-S1. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 3/30/14 Consulting Psychologist's Report, ██████████ diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition, chronic; (2) Major depressive disorder, single episode, moderate; and (3) Generalized anxiety disorder. 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:

Outpatient Individual Psychotherapy Sessions (times 24): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

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 completed a psychological evaluation with [REDACTED] on 10/9/13 and 6 follow-up psychotherapy sessions. She completed another psychological evaluation on 12/10/13 with [REDACTED]. It is unclear why a second consultation was completed. The claimant had a third consultation in January 2014 with [REDACTED] (as indicated in his 3/30/14 consultation report) and has completed an additional set of sessions. Given the claimant's prior psychotherapy services, the request for an additional 24 sessions is excessive. The ODG recommends 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. As a result, the request for Outpatient Individual Psychotherapy Sessions (x24) is not medically necessary.

Periodic Consultation Reports: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: There are no guidelines that address the use of periodic consultation reports therefore, the CA MTUS guideline regarding psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychological evaluation with [REDACTED] on 10/9/13 and 6 follow-up psychotherapy sessions. She completed another psychological evaluation on 12/10/13 with [REDACTED]. It is unclear why a second consultation was completed. The claimant had a third consultation in January 2014 with [REDACTED] (as indicated in his 3/30/14 consultation report) and has completed an additional set of sessions. The request for periodic consultation reports remains vague and does not indicate how many reports are being requested, over what duration the reports are to occur, and what information is to be included in the reports. Additionally, reports such as PR-2 reports are part of the obligations for working with WC claimants. As a result, the request for Periodic Consultation Reports is not medically necessary.