

Case Number:	CM14-0089527		
Date Assigned:	07/23/2014	Date of Injury:	02/15/2008
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 36 year-old male (██████████) with a date of injury of 2/15/08. The claimant sustained injury to his back when he grabbed a filter weighing approximately 50 pounds. The claimant sustained this injury while working as a service technician for ██████████. In his 2/24/14 Pain Medicine Re-evaluation, ██████████ diagnosed the claimant with: (1) Lumbar radiculitis; (2) Lumbar radiculopathy; (3) Chronic pain, other; and (4) Limited response to conservative care, rule out xerostomia, trouble voiding. Additionally, ██████████, in his 2/27/14 PR-2 report diagnosed the claimant with: (1) L5-S1 discopathy with back greater than leg pain, status post discectomy - 9/2008-██████████; (2) Right shoulder strain with bursitis - compensatory; (3) Left shoulder impingement syndrome with acromioclavicular joint pain with possible labral tear - compensatory secondary to fall; (4) Left rib cage contusion with laceration secondary to fall status post medication stoppage; (5) Adjustment disorder with mixed anxiety and depressed mood; (6) Insomnia; and (7) Dental pain secondary to dry mouth caused by MS Contin. It is also noted that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In their Pr-2 report dated 3/3/14, ██████████ and treating psychiatrist, ██████████, diagnosed the claimant with: (1) Psychological factors affecting a medical condition; (2) Undifferentiated somatoform disorder; and (3) Major depressive disorder, single episode, moderate. Additionally, in their 4/1/14 PR-2 report, ██████████ and treating psychologist, ██████████, diagnosed the claimant with: (1) Adjustment disorder with mixed anxiety and depressed mood, chronic; (2) Insomnia type sleep disorder due to pain; and (3) Male hypoactive sexual desire disorder due to pain. The claimant has been treating his psychiatric symptoms via psychotropic medications, biofeedback, and psychotherapy. 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:

Weekly Psychotherapy treatment x20 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services, including biofeedback and psychotherapy sessions, for quite some time. The exact number of completed sessions to date is unknown as they are not easily identified within the records. Additionally, there are not very much progress/objective functional improvements being demonstrated from the numerous completed sessions. Without this information, the need for additional psychotherapy sessions cannot be fully determined. In addition, the request for an additional 20 sessions appears excessive given the number of sessions already completed. As a result, the request for Weekly Psychotherapy treatment x20 weeks is not medically necessary.