

Case Number:	CM14-0093903		
Date Assigned:	07/25/2014	Date of Injury:	11/25/2007
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 3 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 [REDACTED] with a date of injury of 11/25/07. The claimant sustained multiple orthopedic injuries as the result of two work-related falls. One fall involved the claimant stepping backwards and falling over a piece of luggage onto her back. Another incident involved the claimant's leg getting caught between the luggage belt loader and a piece of luggage. The claimant's body was pulled by the belt loader until a co-worker was able to shut it down. The claimant sustained these injuries while working as an Airport Agent for [REDACTED]. In his 6/16/14 PR-2 report, treating physician, [REDACTED], diagnosed the claimant with: (1) Neurogenic bladder NOS; (2) Depressive disorder not elsewhere classified; (3) Reflex sympathetic dystrophy unspecified; and (4) Reflex sympathetic dystrophy of the left upper limb. The claimant has been treated via medications, physical therapy, aquatic therapy, H-wave, ice/heat, home exercises, and surgery. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 12/3/13 report, treating psychologist, [REDACTED], diagnosed the claimant with: (1) Major depressive disorder, recurrent, severe; (2) Pain disorder associated with both psychological factors and general medical condition; and (3) Post traumatic stress disorder. The claimant has been treated for her psychiatric conditions with psychotherapy and psychiatric medication management services.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of individual psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter and Psychotherapy 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 Cognitive therapy for depression.

Decision rationale: The CA MTUS does not address the treatment of neither depression nor PTSD therefore, the Official Disability Guidelines regarding the cognitive treatments for both depression and PTSD will be used as references for this case. Additionally, the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as well. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in November 2007. She also continues to experience symptoms of depression as well as symptoms of anxiety related to Post-traumatic stress disorder (PTSD). She has been participating in both psychological and psychiatric treatment for quite some time however, she remains symptomatic despite occasional improvements. The guidelines indicate that for complex cases, longer term treatment is likely necessary. The APA Practice guideline states that "for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely." The claimant has been seeing treating psychologist, [REDACTED] biweekly for maintenance and prevention from decompensation. The request for additional sessions appears reasonable however, the request for 8 sessions over 4 months appears excessive as it does not allow for a reasonable amount of time for reassessment of treatment plan goals and interventions. As a result, the request for "8 sessions of individual psychotherapy" is not medically necessary.