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| Case Number: | CM14-0099042 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 12/08/2009 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 62 year-old female [REDACTED] with a date of injury of 12/8/09. The claimant sustained injury to her head and neck when the store ceiling collapsed, including the sheet rock and the light fixture, and fell onto her head. She sustained this injury while working as a team leader/working manager for [REDACTED]. In his Primary Treating Physician's Initial Evaluation/Medical Record Review/Request for Authorization/ RFA dated 5/8/14, [REDACTED] diagnosed the claimant with: (1) Closed head injury with posttraumatic headaches; (2) Status post three level cervical fusion C4-7 with residual cervical pain and stiffness as well as intermittent radicular symptoms to the right upper extremity. Sugary done around November/December 2011 per [REDACTED]; (3) Status post right shoulder arthroscopic surgery with distal clavicle excision with rotator cuff repair per [REDACTED] around March 2010 with residual dysfunction with range of motion deficit as well as persistent pain and weakness; (4) Secondary depression due to chronic pain from above diagnoses per AME, [REDACTED] report of 7/14/12; (5) Secondary insomnia per AME, [REDACTED] due to chronic pain per his report of 7/14/12; (6) GE reflux and stomach complaint related to use of pain medications over a period of time. It is also reported that the claimant had developed psychiatric symptoms secondary to her work-related orthopedic/head injury. Back in July 2012, the claimant had completed an Agreed Psychiatric Panel Qualified Medical Evaluation with [REDACTED]. In that report, [REDACTED] diagnosed the claimant with Major depression, single episode, moderate, without psychotic features.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy - 10 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines- Cognitive Behavioral Therapy.

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 ODG Psychotherapy Guidelines.

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 been experiencing chronic pain since her injury in 2009. She also had developed symptoms of depression and completed an agreed medical examination in July 2012. In that report, [REDACTED] recommended 20 sessions of psychotherapy. It is unclear why the claimant did not receive any follow-up psychological services following that evaluation. The request under review is for initial sessions. The ODG recommends an initial trial of 6 visits over 6 weeks. Given this information, the request for 10 initial sessions exceeds the recommended initial number of sessions set forth by the ODG. As a result, the request for Psychotherapy - 10 Sessions is not medically necessary. It is noted that the original request was for 20 sessions in which the claimant received a modified authorization for 4 sessions with an additional 6 sessions available if there is evidence of objective functional improvement from the initial 4 sessions.

