

Case Number:	CM14-0138242		
Date Assigned:	09/05/2014	Date of Injury:	03/25/2005
Decision Date:	01/02/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 56 year-old female (██████████) with a date of injury of 3/25/05. The claimant sustained cumulative injuries to her back and bilateral hips while working for the ██████████. In the most recent "Visit Note" submitted for review, dated 8/8/14, ██████████ diagnosed the claimant with: (1) Degeneration lumbar lumbosacral disc; (2) Stenosis spinal lumbar; (3) status post bilateral hip replacement; (4) RSI left upper extremity; (5) Unspecified major depression, single episode; (6) Unspecified major depression, recurrent episode; (7) Anxiety state NOS; (8) Pain psychogenic NEC; (9) Posttraumatic stress disorder; (10) Long-term use meds NEC; and (11) Therapeutic drug monitor. The claimant has been conservatively treated with medications, physical therapy, epidural injections, and lumbar facet injections. She has also undergone several surgeries and completed a functional restoration program. It is also reported that the claimant has developed psychiatric symptoms of depression and anxiety secondary to her chronic pain. She has been participating in weekly psychotherapy sessions with Psychological Assistant, ██████████, under the supervision of ██████████. The request under review is for an additional 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Treatments x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological Visits/ Post Traumatic Stress Disorders (PTSD)

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 was authorized for 20 psychotherapy sessions at the end of 2013. It appears that she completed those sessions in July 2014. Although there was some progress and improvements as evidenced by a 15% increase in structured activity outside of the house and an increase in personal hygiene and grooming, the ODG indicates that there is to be a "total of up to 13-20 sessions over 13-20 weeks." Given this information, the request for an additional 6 sessions exceeds the recommendations. As a result, the request for "Psychological Treatments x 6" is not medically necessary.