

Case Number:	CM14-0188617		
Date Assigned:	11/19/2014	Date of Injury:	03/14/2003
Decision Date:	01/07/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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 Board Certified in Psychology and is licensed to practice in Texas. 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 injured worker is a 56 year-old male [REDACTED] with a date of injury of 3/14/03. The injured worker sustained injuries to his back and bilateral knees while working as a truck driver for [REDACTED]. In his PR-2 report dated 4/17/14, [REDACTED] diagnosed the claimant with: (1) Lumbar disc derangement at multiple levels confirmed by a prior MRI; (2) Lumbar radiculitis/radiculopathy; (3) Bilateral knee pain; (4) Bilateral knee chondromalacia patella; (5) Lateral meniscus tear right knee confirmed by a MRI; (6) Probable occult tear of the medial meniscus of the left knee, confirmed by a PRI; (7) Right shoulder strain due to the chronic use of the cane in the right hand (compensable consequence injury of the original injury to the back and neck); and (8) Anxiety and depression, deferred to a specialist. The claimant also developed psychiatric symptoms secondary to his work-related orthopedic injuries and subsequent chronic pain. In her PR-2 report dated 9/9/14, treating Psychologist, [REDACTED], diagnosed the claimant with Major Depressive Disorder, Single Episode, Severe without Psychotic Features. According to the "Peer Clinical Review Report" dated 10/17/14, the injured worker has been treated for his psychiatric symptoms with at least 73 psychotherapy sessions as well as multiple inpatient psychiatric hospitalizations. The request under review is for additional psychotherapy sessions at three times a week for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Therapy, Three Times Weekly for One Month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and APA Practice Guideline

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 AMA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will also be used as references for this case. Based on the review of the minimal medical records, the injured worker continues to experience chronic pain, which is exacerbating his psychiatric symptoms of depression. In her PR-2 report dated 5/1/14, [REDACTED] indicated that the injured worker "appeared frustrated" and "is in need of homecare due to increase difficulty complying with medication intake and performing activities of daily living." In her PR-2 report dated 9/8/14, [REDACTED] reported that the injured worker had "difficulty concentrating during sessions, as he focused on pain current levels." Although [REDACTED] recommended psychotherapy sessions 3X/week, there is no information about a change in treatment plan/interventions, etc. to address the injured worker's continued and/or increased symptoms. It is unclear from the PR-2 reports as to how many individual sessions have been utilized in 2014 and whether the injured worker has continued to participate in group therapy as well. Given the amount of treatment that the injured worker has received coupled with the minimal progress/improvements achieved, the need for an additional 12 sessions as 3X/week for 1 month appears excessive. As a result, the request for "Individual therapy, three times weekly for one month" is not medically necessary.