

Case Number:	CM14-0206903		
Date Assigned:	12/18/2014	Date of Injury:	04/27/2012
Decision Date:	02/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/10/2014

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 Psychologist (PHD, PSYD) 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 injured worker is a 64 year-old female (██████████) with a date of injury of 4/27/2012. The injured worker sustained injury to her back and left knee while pushing a heavy patient in a wheelchair while working for the ██████████ as an emergency room technician at ██████████. The injured worker has been treated with medications, injections, physical therapy, use of TENS unit, acupuncture, and surgery. It is also reported that the injured worker developed psychological symptoms secondary to her work-related orthopedic injuries. She has been receiving psychotropic medication management services from ██████████ and individual psychotherapy from ██████████. The injured worker is diagnosed with: Major Depressive Disorder, Single Episode, Mild, in partial remission; and Pain Disorder Associated with both Psychological Factors and a General Medical Condition. The request under review is for an additional six psychotherapy sessions, which were denied in the UR report dated 11/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of continued psychotherapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 injured worker has been receiving psychotropic medication. In her PR-2 report dated 9/8/14, the doctor indicated that the injured worker had completed 9 of 10 authorized sessions and would be completing the 10th session on 10/20/14. She indicated that the injured worker presented with "pain after her surgery, but improvements in mood with ongoing use of therapeutic techniques. Her sadness is intermittent, but is triggered by pain. She is making good progress in therapy. The ODG recommends that with evidence of objective functional improvements, a total of up to 20 psychotherapy sessions can be provided for the cognitive treatment of depression. The doctor offers relevant and appropriate information in her monthly PR-2 reports. In the most recent PR-2 report dated 9/8/14, the doctor presents enough evidence to substantiate the need for additional sessions. Additionally, the request for an additional 6 sessions falls within the recommended number of total sessions as cited in the ODG. As a result, the request for "Six sessions of continued psychotherapy" is medically necessary.