

Case Number:	CM14-0207774		
Date Assigned:	12/19/2014	Date of Injury:	02/16/2011
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 a licensed 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 57 year-old male (██████████) with a date of injury of 2/16/2011. The injured worker sustained injuries to his neck, bilateral knees, bilateral shoulders, and bilateral upper extremities as the result of engaging in his usual and customary duties of repeatedly moving dumpsters with bad wheels. He sustained these injuries while working for ██████████. He has been diagnosed with: Cervical radiculopathy; Moderate strain-sprain, cervical spine, complicated by guarding of left shoulder with right-sided radiculopathy; Repetitive strain injury with impingement and probable rotator cuff tear; Iliotibial band syndrome, left knee; Torn meniscus of left knee, status post-surgical repair; Assess for torn meniscus, right knee; and Depression. It is also reported that the injured worker developed psychological symptoms of depression secondary to his work-related orthopedic injuries and pain. He has been diagnosed with Major Depressive Disorder, Single Episode, and Severe/Moderate without Psychotic Features and has completed 12 psychotherapy sessions with MFT, Dr. ██████████. The request under review is for an additional 8 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 8 session: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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 continued to experience chronic pain since his injuries in February 2011. He has also been struggling with symptoms of depression for which he has been receiving psychotherapy sessions from MFT, [REDACTED]. It is reported that the injured worker completed 12 psychotherapy sessions and has demonstrated some improvements in his social functioning. [REDACTED] provides adequate documentation to support the need for additional services. The ODG recommends a total of up to 20 psychotherapy sessions for the treatment of depression as long as CBT is being provided and there is objective functional improvement demonstrated. Utilizing this guideline, the request for additional "Psychotherapy x 8 session" is reasonable and medically necessary. It is noted that the injured worker received a modified authorization for 1 additional psychotherapy session in response to this request.