

Case Number:	CM14-0141228		
Date Assigned:	09/10/2014	Date of Injury:	06/12/2001
Decision Date:	11/25/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 65 year-old male (██████████) with a date of injury of 6/12/01. The claimant sustained injury to his wrist and forearm due to repetitive movements while working for ██████████. In his "Pain Management Reevaluation/Follow Up Visit" dated 6/30/14, ██████████ diagnosed the claimant with: (1) Displacement cervical disc without myelopathy; (2) Degenerative cervical intervertebral disc; (3) Post-laminectomy syndrome cervical region; (4) Cervicalgia; (5) Cervicocranial syndrome; (6) Brachial neuritis/radiculitis NOS; (7) Spasm of muscle; and (8) Unspecified myalgia and myositis. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his 7/31/14 "Treating Physician's Determination of Medical Issues", treating psychiatrist, ██████████, diagnosed the claimant with: Major depressive disorder, moderate to severe; (2) Pain disorder associated with psychological factors and general medical condition and (3) Narcotic dependence. The patient has been receiving psychiatric as well as psychological services to treat his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Individual Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations and Psychological treatment Page(s): 100. Decision based on Non-MTUS Citation ODG - Pain Chapter (updated 04/10/14), Biofeedback

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 has been receiving psychotherapy services from [REDACTED]. It appears that he completed a total of 18 psychotherapy sessions between 2/14/14 through 8/7/14. In the progress report dated 8/15/14, [REDACTED] requested additional sessions, but failed to present evidence that demonstrated the objective functional improvements made from the completed sessions. Additionally, the ODG indicates a total of up to 13-20 sessions for the treatment of depression. Since the claimant has already completed 18 sessions, the request for an additional 12 sessions exceeds the recommended guidelines. As a result of insufficient information in addition to exceeding guidelines, the request for "12 Individual Psychotherapy Sessions" is not medically necessary.