

Case Number:	CM14-0142506		
Date Assigned:	09/10/2014	Date of Injury:	10/27/2007
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
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 Board Certified 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 59-year-old male with a date of injury of October 27, 2007. The claimant sustained injury to his back when he was lifting a 70 lb toolbox while working for [REDACTED]. In the August 1, 2014 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Postlaminectomy syndrome of cervical region; (2) Degeneration of cervical intervertebral disc; and (3) Degeneration of lumbar intervertebral disc. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a "Pain/Stress Management Follow Up" dated March 14, 2014, [REDACTED] diagnosed the claimant with Major depressive disorder, recurrent, mild.

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: 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

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 treating with [REDACTED] intermittently over the past several years. It appears that the claimant last treated with [REDACTED] approximately 3 years ago before resuming services in March 2014. The claimant recently completed 6 sessions. The request under review is for an additional 6 psychotherapy sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks" may be necessary. Unfortunately, other than [REDACTED] note from March 14, 2014, there were no other psychological records submitted for review. Without having information about the claimant's response to the initial 6 sessions, the need for additional services cannot be fully determined. As a result, the request for "Continued psychotherapy x 6 sessions" is not medically necessary. It is suggested that future requests include all relevant documentation to substantiate the request under review. The request for Six sessions of continued psychotherapy is not medically necessary or appropriate.