

Case Number:	CM14-0147332		
Date Assigned:	09/15/2014	Date of Injury:	07/12/2012
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 licensed Doctor of 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 54 year-old male (██████████) with a date of injury of 7/12/12. The claimant sustained injury to his knees when he was replacing a wood patio while working as a carpenter for ██████████. In his RFA dated 8/13/14, ██████████ diagnosed the claimant with: (1) Prain/strain - knee & leg; and (2) Enthesopathy of knee. It is also reported that he claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In her PR-2 report dated 8/29/14, ██████████ diagnosed the claimant with: (1) Major depression, single episode, moderate; (2) Pain disorder; and (3) Phantom pain with depression. The claimant has been participating in psychotherapy services with ██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych therapy 1 x month for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral therapy (CBT) guidelines for chronic pain

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 Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals.

Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines 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 psychologist, [REDACTED], however, the number of sessions completed to date is unknown. There are only two PR-2 reports from [REDACTED] submitted for review. In her most recent PR-2 report, dated 8/29/14, [REDACTED] states, "Pt reports feeling better - keeping positive and active - likes meeting new people - keeping social - listening to music - accepting of new circumstances - eating healthier - sleeping better." Given that the number of completed sessions is not known and the claimant appears to be emotionally stable, the request for additional "Psych therapy 1 x month for 3 months" is not medically necessary.