

Case Number:	CM14-0166612		
Date Assigned:	10/13/2014	Date of Injury:	10/05/2008
Decision Date:	11/13/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 49 year-old female [REDACTED] with a date of injury of 10/5/08. The claimant sustained injury to her neck, bilateral shoulders, and right wrist as the result of trying to re-file a heavy file. The claimant sustained this injury while working for [REDACTED]. In their "Visit Note" dated 7/9/14, Physician Assistant, under the supervision, diagnosed the claimant with: (1) Cervical disc disease with myelopathy; (2) Shoulder region DIS NEC; and (3) Depression with anxiety. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his PR-2 report dated 9/8/14, treating psychiatrist diagnosed the claimant with: (1) Major depression, single episode, severe, in partial remission; (2) Anxiety disorder unspecified; and (3) Somatic symptom disorder, with predominant pain, moderately severe, persistent (due to orthopedic injury). The claimant has been receiving both psychiatric medication management as well as psychological services to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness

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

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 experiencing psychiatric symptoms and has been receiving psychotropic medications to treat her symptoms from psychiatrist. Additionally, it was noted in PR_2 report dated 9/8/14, as well as in previous reports, that the claimant has been receiving psychological services. The request under review is for additional psychotherapy sessions. Unfortunately, there were no medical records included for review. As a result, there is no information about the number of sessions completed nor the objective functional improvements made from those sessions as described in the ODG guideline. Without sufficient information, the need for additional psychotherapy visits cannot be determined. Therefore, the request for "Psychotherapy 2 x 12 visits" is not medically necessary.