

Case Number:	CM14-0078908		
Date Assigned:	08/20/2014	Date of Injury:	11/04/1998
Decision Date:	10/07/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 70 year-old male (DOB) with a date of injury of 11/4/98. The claimant sustained injury to his back while working for [REDACTED]. The mechanism of injury was not found within the medial records. It is also reported that the claimant developed psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injuries. The claimant has received both medication management services and psychological services in order to treat his psychiatric symptoms. In his RFA dated 4/24/14, [REDACTED] diagnosed the claimant with: (1) Pain disorder with associated psychological factors and general medical condition; and (2) Depression NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the behavioral treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury in November 1998. It is reported that he has also recently experienced an increase in symptoms of depression. The claimant began psychological services with [REDACTED] in April 2007 however, [REDACTED] most recent PR-2 report is from April 2009 (over 5 years ago). Although the claimant is experiencing an increase in symptoms, there has not been a recent psychological evaluation completed that would offer current diagnostic information and appropriate treatment recommendations. Additionally, the request for "Psychotherapy (unspecified)" remains too vague as it does not indicate the number of sessions being requested nor the frequency or duration for which the sessions are to occur. As a result, the request for "Psychotherapy (unspecified)" is not medically necessary.