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| Case Number: | CM14-0162587 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 08/21/2008 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Psychologist (PHD, PSYD) 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 injured worker is a 47 year-old female (██████████) with a date of injury of 8/21/2008. The injured worker sustained injuries to her neck, bilateral shoulders, back, right ankle and foot, right hip and thigh as well as internal injuries while working for ██████████. She has been diagnosed with: Right ankle fracture - status post open reduction internal fixation on 9/9/08; Status post ankle arthroscopy with synovectomy, debridement, arthrotomy, and removal of retained metal, performed on 8/26/09; Left hip pain due to greater trochanteric bursitis and rule out degenerative joint disease - likely due to altered gait; Low back strain - mechanical pain in nature likely due to altered gait; Cervical neck strain; Bilateral shoulder pain due to strain/sprain; Left knee contusion with chondromalacia patellae; and depression. It is also reported that the injured worker developed psychological symptoms secondary to her work-related orthopedic injuries. She has been diagnosed with: Major depressive disorder, single episode, severe with psychotic features; Panic disorder without agoraphobia; and Pain disorder associated with both psychological factors and a general medical condition. The injured worker has been treated for her psychological symptoms with psychotropic medications from Dr. ██████████ and psychotherapy from Dr. ██████████. The request under review is for an additional 12 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued treatment with psychologist, 1 time per week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

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 injured worker has been receiving psychotherapy services since 2012 for an unknown total number of sessions. In psychologist's various handwritten reports, he fails to demonstrate the objective functional improvements that the injured worker has made from her years in therapy. There does not appear to have been any changes in treatment plan nor modality in response to the lack of progress. The ODG recommends a total of 20 psychotherapy sessions for the treatment of depression as long as objective functional improvements are demonstrated. It is assumed that the injured worker has already received more than 20 sessions and with the lack of demonstrated improvement, continued treatment is not reasonable. As a result, the request for continued treatment with psychologist, 1 time per week for 12 weeks is not medically necessary.