

Case Number:	CM14-0141005		
Date Assigned:	09/10/2014	Date of Injury:	09/20/2013
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
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 female (██████████) with a date of injury of 9/20/13. The claimant sustained injuries to her neck, shoulders, back, and heels when she slipped and fell on a wet floor at ██████████ while helping a client with her shopping. The claimant sustained this injury while working as a substance abuse counselor for ██████████. In his "Comprehensive Medical-Legal Evaluation and Request for Authorization" dated 5/12/14, ██████████ offers the following diagnostic impressions: (1) Cervical spine musculoligamentous injury with discopathy; (2) Cervical spine sprain and strain; (3) Thoracic spine musculoligamentous injury with discopathy; (4) thoracic spine sprain and strain; (5) Lumbar spine musculoligamentous injury without discopathy; (6) Left shoulder impingement syndrome; (7) Left shoulder bicipital tendinitis; (8) Left shoulder trapezial myofasciitis; (9) Left shoulder sprain and strain; (10) Tight shoulder trapezial myofasciitis; (11) Right shoulder sprain and strain; (12) Right shoulder sprain and strain; (13) Left foot plantar fasciitis; (14) Left foot calcaneal heel spur; (15) Right foot plantar fasciitis; (16) Right foot calcaneal heel spur; (17) Stress, anxiety and depression; and (18) Sleep disturbance/disorder. The claimant has received conservative care for her orthopedic injuries. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Complex Comprehensive Psychosocial MTUS Consultation" dated 6/24/14, ██████████ diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS. The claimant has not received any prior psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Cognitive Behavioral Therapy (CBT)

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 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 continues to experience chronic pain since her injury in September 2013. She has also been experiencing symptoms of depression and anxiety following the incident. In his "Complex Comprehensive Psychosocial MTUS Consultation" dated 6/24/14, [REDACTED] recommended psychotherapy, which is an appropriate recommendation. However, the request for "Individual Psychotherapy" remains too vague as it does not indicate the number of sessions being requested nor the frequency of the sessions. As a result, the request for "Individual Psychotherapy" is not medically necessary. It is noted that the claimant received a modified authorization of 3-4 initial visits in response to this request.