

Case Number:	CM13-0014432		
Date Assigned:	10/02/2013	Date of Injury:	07/01/2011
Decision Date:	01/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

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 30 year-old female with date of injury of 7/1/11. According to medical records, the claimant sustained psychiatric injury while employed for the [REDACTED] as the chief tax compliance officer. She has been diagnosed by [REDACTED] with Depressive Disorder, not otherwise specified, and Anxiety Disorder, not otherwise specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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: Based on the review of the supplied medical records, particularly, [REDACTED] supplemental reports, it appears that the claimant has completed 14 psychotherapy sessions with [REDACTED]. However, none of [REDACTED] session notes or reports were included in the medical records. Assuming that the claimant has already completed 14 sessions,

the request for an additional 8 psychotherapy sessions exceeds the total number of sessions recommended by the Official Disability Guidelines. According to the ODG regarding the treatment of depression, an initial trial of 6 visits over 6 weeks is appropriate. With evidence of objective functional improvement, a total of 13-20 visits over 13-20 weeks may be needed. Based on these cited guidelines, the request for 8 individual psychotherapy sessions will exceed the total number of sessions recommended and, therefore, are not medically necessary or appropriate.