

Case Number:	CM13-0027713		
Date Assigned:	11/22/2013	Date of Injury:	02/01/2013
Decision Date:	01/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/23/2013

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 36 year old female with a date of injury of 2/1/13. According to the medical records provided for review, the claimant experienced cumulative work-related stress while working as the front office lead for [REDACTED]. In his evaluation dated 8/15/13, [REDACTED] diagnosed the claimant with adjustment disorder with anxious and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 10 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

Decision rationale: The medical records reviewed indicate that there is a need for psychological services for the claimant. However, the initial request for "10 Psychotherapy sessions" exceeds the initial number of sessions recommended by the Official Disability Guidelines (ODG). The ODG recommends that for the treatment of depression, an "initial trial of 6 visits over 6 weeks"

and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks" may be needed. Given this guideline, the request for a series of 10 psychotherapy sessions is not medically necessary and appropriate.