MAXIMUS Federal Services

Case Number:	CM13-0030118		
Date Assigned:	11/27/2013	Date of Injury:	07/25/2007
Decision Date:	03/26/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology and is licensed to practice in Texas. 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 physician 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 patient is a 56-year-old female who reported a work-related injury on 07/25/2007, as a result of a slip and fall when her right foot got caught in a vine wire. She landed on her knees and placed most of her weight on the left knee. The patient has reported subsequent depression, sadness and anxiety as a result. She has been treated with outpatient mental health treatment, which was noted to be partially helpful as well as medications, which have been reported as helpful. On 06/21/2013, the patient was seen for an evaluation and which time her BAI score was noted to indicate severe anxiety, BDI-II score was noted to indicate a "30 amount of depression." The clinical impression was depression consistent with DSM-IV. She was provided prescriptions for Seroquel 100mg 1/2-1 tab at bedtime and Paxil 30mg one tablet in the morning. Follow up on 08/23/2013 revealed the patient reportedly responded well to the prior treatment provided. BDI on this date was a 38 and BAI was a 37. The patient complained of depression and anxiety. Prescriptions were provided to include Seroquel 100mg Â½ - 1 tablet at bedtime, Paxil 30mg 1 tablet in the morning, Hydroxyzine 25mg 1-2 tablets twice a day and Cogentin .05mg one tablet twice a day. Individual psychotherapy was recommended for the patient. On 08/27/2013, the patient reported benefit from sessions with her counselor

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of individual psychotherapy for major depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101.

Decision rationale: CA MTUS Guidelines state psychological treatment is recommended for appropriately identified patients. An initial trial of 3-4 sessions over 2 weeks is supported and up to 6-10 visits with objective functional improvement. The clinical documentation submitted for review notes the patient reported benefit from prior individual psychotherapy sessions. However, the clinical information failed to provide objective improvement as evidenced by an improvement in test scores. In addition, the clinical information provided failed to detail the number of sessions the patient has attended. The current request exceeds guideline recommendations. As such, the request for twelve (12) sessions of individual psychotherapy for major depression is not medically necessary or appropriate