

Case Number:	CM13-0032901		
Date Assigned:	12/06/2013	Date of Injury:	04/29/2008
Decision Date:	03/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 Psychiatry and is licensed to practice in New York. 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 claimant is a 45-year-old injured worker with a date of injury of 4/29/2008 and has remained off of work since 11/22/2010. The note on 6/17/13, states that the patient has a depressed mood and suicidal thoughts in relation to harassment at work. He reports anxiety and depression daily as well as panic attacks and worries about returning to work. Suicidal ideation has reduced over the last year but he remains with anger related to work stressors and is still socially withdrawn. The patient is quite inflexible with adapting to relatively routine stressors and his decisions are often quite ineffective and interfere with his ability to connect with others meaningfully. Despite his doing better in his personal life (such as attending a summer photography class in 2012), the claimant remains with symptoms of anxiety and depression related to returning to work. The details of prior psychopharmacologic treatment are unclear: it does appear though that a SSRI or SNRI could likely augment the claimant's psychotherapy and that the reason this has not been added to the regimen is primarily due to the claimant's reluctance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy treatment: Upheld

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

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, Depression Section.

Decision rationale: The Official Disability Guidelines (ODG) for depression recommends 6 visits of CBT over 6 weeks and then with functional improvement, a total of up to 13-20 visits over 13-20 weeks. The patient's improvement has been only marginal despite some years of psychotherapy and there is no indication of any specific discernable functional improvement related to their ability to cope with the stress of returning to work. According to the ODG guidelines further psychotherapy sessions should not be provided. The request for weekly psychotherapy treatment is not medically necessary and appropriate.