

Case Number:	CM13-0064033		
Date Assigned:	01/03/2014	Date of Injury:	07/23/1997
Decision Date:	07/24/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 Psychologist 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 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 injured worker is a 60-year-old male who reported an injury on 07/23/1997. The injury occurred secondary to a fall. The injured worker is currently diagnosed with major depressive disorder. The injured worker was evaluated on 10/15/2013. The injured worker reported depression, anxiety, insomnia, and irritability. Objective findings included an increase in depression and irritability as well as confusion and social isolation. The treatment recommendations included group psychotherapy sessions and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional sessions of psychotherapy, for depression, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Evidence: BMJ Publishing Group, Ltd.; Longdon, England; www.clinicalevidence.com; Section: Mental Health; Condition: Depression in Adults: drug and other physical treatments.

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

Decision rationale: The California MTUS Guidelines state behavioral therapy is recommended. California MTUS Guidelines utilize the Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of three to four psychotherapy visits over two weeks. With evidence of objective functional improvement, a total of up to six to ten visits over five to six weeks may be appropriate. As per the documentation submitted for review, the injured worker has participated in an unknown amount of psychotherapy. There is no documentation of objective functional improvement as a result of ongoing psychotherapy. The injured worker continues to report depression, anxiety, insomnia, and irritability. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.