

Case Number:	CM13-0064675		
Date Assigned:	01/03/2014	Date of Injury:	05/10/1990
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation 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 patient is a 68-year-old male who reported an injury on 05/10/1990. The mechanism of injury was not provided for review. The patient's treatment history included extensive psychiatric support to address depressive symptoms related to the patient's chronic pain, physical therapy, medications, activity modifications and lumbar epidural steroid injections. The patient's most recent clinical evaluation documented that the patient had physical pain due to a work related injury and depression of a variable nature. The patient's diagnoses included depressive disorder, and pain disorder associated with both psychological factors and general medical conditions. A request was made for 20 sessions of psychotherapy (1 session per week).

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Sessions of Psychotherapy (1 Session per week): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Cognitive therapy for depression

Decision rationale: The requested 20 sessions of psychotherapy (1 session per week) is medically necessary or appropriate. Official Disability Guidelines recommend psychotherapy for patients with depressive disorders for up to 20 visits based on positive progression in symptoms. The clinical documentation submitted for review does provide evidence that the patient had extensive psychotherapy. The treating physician does document that the goal of continuing treatment is to prevent a relapse. The patient's most recent evaluation does document that the patient reports there has been improvement in handling daily life activities and that he continues to have on-going deficits. As the patient's disability is considered permanent and stationary, and goals for continuing treatment are addressed in the documentation, continued psychotherapy would be appropriate. As such, the request 20 sessions of psychotherapy (1 session per week) is medically necessary or appropriate.