

Case Number:	CM13-0067730		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2011
Decision Date:	05/13/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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 Psychiatry, and is licensed to practice in Illinois and Wisconsin. 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:

This is a 54 year old female who was injured in February of 2011. She apparently has been on Effexor and Xanax and has improved. The patient also has been receiving psychotherapy. Her diagnosis is Major Depressive Disorder. It appears that she has been under psychiatric treatment since 2005, She has a history of suicidal ideation in the past. In February of 2012 she underwent psychological testing and 12 weekly therapy sessions were recommended. It appears that the patient has attended a total of 4 psychotherapy visits at apparently sporadic intervals, the most recent of which was 2/20 of last year. The provider has requested 8 psychotherapy visits and the request was modified to 4. This is an independent review of the request for 8 psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) Post Traumatic Stress Disorder, Cbt For Depression.

Decision rationale: ACOEM and MTUS are silent on number of therapy sessions. The ODG guidelines recommend ongoing psychotherapy if progress is being made. In this case the patient is reported as improved on medications but there is no indication that she has made progress in therapy, particularly since she has only sporadically attended. As such ODG guidelines for ongoing therapy do not appear to be met and the requested 8 psychotherapy sessions do not appear to be medically necessary