

Case Number:	CM13-0069060		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2000
Decision Date:	04/22/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Family Practice 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 60-year-old female who reported injury on 10/02/2000, with a mechanism of injury being cumulative trauma. The patient's diagnoses were psychic factors associated with diseases classified elsewhere. The documentation of 10/28/2013 revealed the patient participated in a total of 27 sessions of individual psychotherapy since 01/2012. It was further indicated that the patient had not consulted a staff psychiatrist for prescription and monitoring of psychotropic medications since 05/02/2011. Since 01/2013, the patient participated in 14 sessions of individual psychotherapy. The physician indicated that the patient was permanent and stationary, meaning the patient's condition was not expected to improve or deteriorate to any significant degree, and the patient would need continued participation in psychiatric treatment to maintain the patient's stable course and prevent deterioration in her emotional condition. The psychotherapy treatment plan included that the patient was anxious and depressed, with anxiety occurring once or twice a week, and depression daily. The patient attributed much of her emotional distress to her physical disability, and concerned that her treatment would be discontinued. The patient had thoughts of suicide at times, without plan or intent. The patient's sleep was improved some with the use of a sleep aid, and without it, the patient sleeps 3 to 4 hours a night. The patient's sleep was broken due to pain. The physician further documented the patient was irritable, angry, withdrawn, and tearful once or twice a week. Self-esteem and libido remained low, and the patient had difficulty with concentration. The physician further opined the patient would benefit from additional psychotherapy at the clinic. The request was made for 20 sessions of individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive therapy for depression

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 & Stress Chapter, Cognitive therapy for depression

Decision rationale: Official Disability Guidelines recommend psychotherapy for depression up to 13 to 20 visits, if progress is being made. The patient had participated in 14 sessions as of January 2013. The clinical documentation submitted for review failed to document objective functional benefit that was received from the therapy. The request as submitted for 20 sessions without re-evaluation would be excessive. Given the above, the request for 20 sessions of individual psychotherapy is not medically necessary.