

Case Number:	CM13-0072394		
Date Assigned:	01/03/2014	Date of Injury:	07/03/2010
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 licensed in Psychology and is licensed to practice in California. 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 claimant is a 46-year-old female [REDACTED] with a date of injury of 7/3/10. According to medical records, the claimant sustained injury to her psyche as well as to her neck and lower back as the result of experiencing workplace overload and having unreasonable demands placed upon her while working as a store manager for [REDACTED]. The claimant has been diagnosed by [REDACTED] with adjustment disorder, with mixed anxiety and depression and psychological factors affecting the general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT 1 SESSION PER WEEK FOR 20 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Official Disability Guidelines indicate that cognitive therapy for depression is recommended. The recommendation is based on meta-analyses that compare its

use with pharmaceuticals. Based on the review of the medical records, the claimant has been receiving psychotherapy services shortly after the incident in 2010. The claimant initially received individual and group therapy services through [REDACTED] before transitioning to the care of [REDACTED] and his colleagues in what appears to be 2011. She has participated in psychotherapy with a clinical psychologist. The number of completed psychotherapy sessions, particularly in 2013, is unknown, as is the progress and improvements made from those sessions. Based on the vast amount of psychological services already received, the request for an additional twenty (20) sessions appears excessive and it does not allow for a reasonable period of time for reassessment. As a result, the request for weekly psychotherapy treatment, one (1) session a week for twenty (20) weeks is not medically necessary.