

Case Number:	CM14-0002009		
Date Assigned:	01/17/2014	Date of Injury:	07/23/2012
Decision Date:	08/18/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 59 year-old female (██████████) with a date of injury of 7/23/12. The claimant sustained injury to her psyche as a result of workplace harassment while working for ██████████. In his Comprehensive Permanent and Stationary Psychological Evaluation Report/Medical Records Review dated 12/17/13, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; and (3) Insomnia. Additionally, in his Complex Comprehensive Medical Legal Evaluation Involving Extraordinary Circumstances dated 7/2/14, ██████████ diagnosed the claimant with Depressive disorder, not otherwise specified (NOS). The claimant's treatment has included both psychological and medication management services.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY 2 TIMES A WEEK FOR 8 WEEKS: 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), MENTAL ILLNESS AND STRESS CHAPTER, PSYCHOTHERAPY FOR MDD (MAJOR DEPRESSIVE DISORDER).

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 Other Medical Treatment Guideline or Medical Evidence: APA PRACTICE GUIDELINE FOR THE Treatment of Patients With Major Depressive Disorder Third Edition (2010).

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and his colleagues since the initial evaluation in August 2012. The claimant has participated in group and individual therapy as well as relaxation/hypnotherapy. She has also been engaging in psychiatric/medication management services with [REDACTED] and [REDACTED] since October 2012. The actual number of completed individual sessions is unknown. In the latest PR-2 report dated 08/26/2013 from [REDACTED] and [REDACTED], there are no progress/improvements noted from the unknown sessions completed to date. Additionally, there does not appear to have been any changes in the treatment plan goals/interventions to address the lack of progress made. The treatment plan goals and recommendations appear to be the same as they were for prior months of service. Due to the extensive amount of treatment already completed, the lack of any consistent progress made from those services, as well as no updated treatment recommendations demonstrating a reduction in services, the request for the 16 sessions of Individual Psychotherapy 2 times a week for 8 weeks is not medically necessary.