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| Case Number: | CM14-0002104 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 04/28/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 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 injured worker is a 30 year old female with date of injury 4/28/2012. The date of the UR decision was 12/6/2013. The mechanism of injury was hostile work environment and verbal abuse by her supervisor while performing her duties as a bank teller. The report dated 12/27/2013 suggested that she has been diagnosed with Irritable Bowel Syndrome secondary to the stress at work. The report dated 6/24/2013 listed the diagnosis of adjustment disorder with mixed anxiety and depressed mood, chronic and psychological factors affecting her medical condition. Per that report, the Beck Depression Inventory suggested moderate to severe levels of depression; Beck Anxiety Inventory suggested severe levels of anxiety. It was documented that the injured worker has participated in individual psychotherapy 2-3 times monthly since 10/2012 until the date of the report on 6/24/2013. It was also indicated that she has been prescribed psychotropic medications by another Psychiatrist, namely Sertraline, Trazodone and Lorazepam. The report dated 12/2/2013 suggested that she was planning to go back to work. The diagnosis of the Major Depressive disorder, single episode, severe was listed in that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TREATMENT 1X20: Upheld

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) Stress and Mental illness chapter, Cognitive therapy for depression.

Decision rationale: The Official Disability Guidelines (ODG) Psychotherapy Guidelines recommend: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The submitted documentation does not suggest any information regarding the number of the individual psychotherapy sessions she has received so far, or any information regarding the progress being made. It is assumed that she has already exceeded the number of sessions recommended by the guidelines based on the report that she received 2-3/month sessions for >6 months. The request for psychotherapy treatment 1x20 is not medically necessary.