

Case Number:	CM14-0011586		
Date Assigned:	02/21/2014	Date of Injury:	04/11/2008
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/29/2014

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:

44 years old female with date of injury 04/11/2008. Date of UR decision was 1/10/2014 PR from 12/3/2013 suggests that IW(Injured Worker) was out of meds for a months, she works full time. Sleeps about 4-5 hrs a night. Diagnosis given are Adjustment ds with mixed anxiety and depression; Psychological factors affecting medical condition and Major depressive disorder, single episode, severe. Psychotropic medications being prescribed are zoloft 50 mg qam, Wellbutrin XL 150 mg qam, ativan 0.5 mg bid and ambien 10 mg qhs. Per PR from 10/25/2013, subjective complaints are depression and anxiety due to industrial injury worsened by impaired sleep and sense of discouragement. Objective findings included depression and anxiety causing insecurity and fear. Patient has been in treatment 6 months and has greater social contact, elevated ADL (Activities Of Daily Living) showing functional improvement increasing chance of continued employment. Per report from 02/05/2014, the IW(Injured Worker) received 10 sessions of psychotherapy and then another 18 sessions in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT X 20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOTHERAPY,

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: MTUS is silent regarding this issue. 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.). In cases of severe Major Depression or PTSD (posttraumatic stress disorder), up to 50 sessions if progress is being made." Psychiatric progress report from 2/5/14 and 12/3/13, indicate diagnosis of Major depressive disorder, single episode, severe and lists evidence of objective functional improvement in form of improvement of social contact, ADL's (Activities Of Daily Living). IW(Injured Worker) seems to have had 28 sessions of psychotherapy with evidence of functional improvement. 20 more sessions of psychotherapy are medically necessary at this time based on the guidelines for severe depression. Will respectfully disagree with UR doc's decision as the request for 20 more sessions of psychotherapy is medically necessary and appropriate.