

Case Number:	CM14-0012146		
Date Assigned:	02/21/2014	Date of Injury:	04/22/2008
Decision Date:	12/17/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 62 year-old female (DOB 5/10/52) with a date of injury of 4/22/08. The claimant sustained injury to her left hand and elbow as the result of completing her usual and customary duties while working as an Eligibility Supervisor for the [REDACTED], [REDACTED]. She has been treated with medications, physical therapy, and surgeries. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "RFA" (request for authorization) dated 2/10/14, [REDACTED] diagnosed the claimant with Major Depressive Disorder, single episode, moderate. The request under review is for an additional 20 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy; twenty (20) weekly sessions: 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 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 and Stress Chapter Cognitive Therapy for Depression and on Other Medical Treatment Guideline or

Medical Evidence: APA (American Psychiatric Association) Practice Guideline for the Treatment of Patients with Major Depressive Disorder Third Edition (2010)

Decision rationale: The CA MTUS does not address the treatment of depression therefore the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant was initially evaluated by treating Psychologist, [REDACTED], in October 2012. She completed 18 psychotherapy sessions with [REDACTED] in 2013. The request under review is for an additional 20 psychotherapy sessions in 2014. The ODG recommends a total of up to 20 sessions as long as there are demonstrated objective functional improvements. The APA does not recommend a specific number of sessions however, it is noted that treatment is to decrease during the maintenance phase of treatment. Given the fact that the claimant has already completed 18 sessions prior to this request, the request for an additional 20 psychotherapy sessions appears excessive and does not allow for a reasonable period for reassessment of treatment plan goals, interventions, etc. As a result, the request for additional Individual psychotherapy; twenty (20) weekly sessions is not medically necessary.