

Case Number:	CM14-0014387		
Date Assigned:	02/26/2014	Date of Injury:	01/28/1996
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/04/2014

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:

59 y/o female with date of injury 1/28/1996. Date of UR decision was 1/20/2014. Mechanism of injury was a heart attack that occurred while lifting heavy costumes to dress performers. She also underwent gastric lap band in 2003 due to weight gain of 100lbs. Psychological issues followed due to change in physical abilities. Psychiatric progress report from 9/5/2013 indicates review of systems positive for depressed mood, anxiety, loss of energy, sleep disturbance. IW indicates that she has been doing better and there are no acute concerns. Psychotropic medications being prescribed are lexapro 20 mg qday which are restarted in 9/12, ambien CR 12.5 mg 2 tabs qhs; dose of which was increased in 6/13. Diagnosis of Major Depression was given. She developed alcohol abuse due to self medicating with alcohol in the interim but made active attempts to abstain from use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY ONE TO TWO TIMES A MONTH TO TOTAL EIGHT SESSION

#8:00: 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, BEHAVIORAL INTERVENTIONS , 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 59 y/o female with date of injury 1/28/1996. Date of UR decision was 1/20/2014. Mechanism of injury was a heart attack that occurred while lifting heavy costumes to dress performers. She also underwent gastric lap band in 2003 due to weight gain of 100lbs. Psychological issues followed due to change in physical abilities. Psychiatric progress report from 9/5/2013 indicates review of systems positive for depressed mood, anxiety, loss of energy, sleep disturbance.

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, up to 50 sessions if progress is being made." The available documentation indicates that IW has been suffering from depression and has been getting psychotropic medications for the same. The medical necessity for 8 sessions of Psychotherapy is medically necessary at this time based on the continued symptoms of depression, anxiety, loss of energy and sleep disturbance per PR from 9/5/2013. Will respectfully disagree with UR doc's decision at this time.