

Case Number:	CM14-0116325		
Date Assigned:	08/04/2014	Date of Injury:	08/31/2011
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 50 year old female with date of injury 8/31/11 with related anxiety and depression. The date of UR decision was 6/25/14. Per progress report dated 2/11/14, she stated I'm still up in the air. Not working and found out my complaint had been written up with my contact number being listed instead with the phone number of the person who I filed the complaint against. She remained on fluoxetine. She denied suicidal ideation and no overt psychotic symptoms were noted. She was recommended to volunteer in order to keep her mind active while she was unable to do her usual work job. It was suggested that she has benefitted from therapy in the past but has not been in treatment since 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Psychotherapy #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavioral therapy (CBT).

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: ODG Psychotherapy Guidelines recommend: Initial trial of 6 sessions over 6 weeks 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. Review of the documentation submitted for review indicates that the injured worker suffers from depressive disorder. It was suggested that she has benefitted from therapy in the past but has not been since 2012. It is not indicated as to how many sessions she has completed so far. Resumption of therapy is supported; however, the request for Individual Cognitive Behavioral Psychotherapy #15 is excessive and thus is not medically necessary per the guidelines.