

Case Number:	CM14-0151773		
Date Assigned:	09/19/2014	Date of Injury:	09/13/2013
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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:

Injured worker is a 39 year old female with date of injury 09/13/2013. Date of the UR decision was 8/26/2014. Mechanism of injury was identified as being attacked by a student, when the injured worker was trying to escort a student to the safe room in a transport position. The student tried to pull her to the ground; she wrapped her legs around her. Report dated 9/2/2014 suggested that she continued to feel anxious intermittently, felt irritable, and things bother her that didn't previously. She was experiencing trouble sleeping, was feeling unmotivated, felt more emotional than usual. She felt fearful of being assaulted again and not getting adequate support. She has been diagnosed with Major Depressive Disorder, Moderate (Industrial) and Panic Disorder without Agoraphobia (industrial). The submitted documentation suggests that the injured worker has been through psychotherapy treatment. It has been indicated that she has been taking low dose of Prozac for her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional psychotherapy 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 & Stress 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) <Stress and Mental illness chapter, <Cognitive therapy for depression

Decision rationale: The 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 submitted documentation suggests that the injured worker had had at least 18 sessions of individual psychotherapy with some functional improvement. She has been diagnosed with Major Depressive Disorder, Moderate (Industrial) and Panic Disorder without Agoraphobia (industrial) The request for twelve additional psychotherapy sessions is excessive and is not medically necessary as it exceeds the guideline recommendations.