

Case Number:	CM14-0166814		
Date Assigned:	10/14/2014	Date of Injury:	08/13/2008
Decision Date:	11/14/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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 a licensed Psychologist 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 34 year-old female ([REDACTED]) with a date of continuous injury through 8/13/08. The claimant sustained injuries to her wrists and elbows while working as a customer service representative for [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. In her "Progress Notes and Request for Additional Sessions" report with dated sessions of 5/9/14, 5/23/14, and 7/18/14, [REDACTED] diagnosed the claimant with: (1) Adjustment disorder with depression and anxiety; (2) Pain disorder with medical problem. The claimant has been treated with individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of individual psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed

outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the treatment of adjustment disorder, depression, anxiety therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant initially began psychotherapy services with [REDACTED] in May 2009. It was reported that the claimant participated in biweekly sessions from May 2009 through March 2010. It is unclear as to when the claimant resumed her most recent services. There are notes from 12/12/13 through 7/18/14 for a total of 12 sessions. [REDACTED] requests additional sessions in order to keep the claimant maintained. The ODG recommends a total of up to 13-20 visits as long as the claimant is making progress and benefiting from therapy. According to the notes, the claimant remains in need of maintenance services. Given the fact that an additional 6 sessions remains within the recommended guidelines, the request for "6 sessions of individual psychotherapy" is medically necessary.