

Case Number:	CM14-0175741		
Date Assigned:	10/28/2014	Date of Injury:	07/06/1992
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 61 year-old female with a date of injury of 7/6/92. The claimant sustained injury while working for [REDACTED]. The mechanism of injury was not found within the medical records. The claimant has also been treated for psychiatric symptoms secondary to her work-related injury. In her "Treatment Summary report dated 10/18/14, [REDACTED] diagnosed the claimant with: (1) Major depression disorder, moderate, chronic; and (2) Panic disorder, without agoraphobia, mild. The claimant has been treating with [REDACTED] since May of 2005.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy visits times 1-2 visits per week (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 57-64, 396-397. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation APA Practice Guideline for the Treatment of Patients With Major Depressive Disorder 3rd Edition (2010), Maintenance phase page 19.

Decision rationale: The CA MTUS nor the ODG address the treatment of chronic depression therefore, the APA Practice Guidelines for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving treatment from [REDACTED] since May 2005. It appears that she has been attending weekly sessions despite being in maintenance phase treatment. Although the claimant was awarded "lifetime mental health services" per [REDACTED]' report dated 10/18/14, the fact that she continues in weekly sessions after 8 years appears excessive. In that same report dated 10/18/14, [REDACTED] indicated an estimated termination date of 6/30/15. Given that this date is less than one year away, it seems that a reduction in the frequency of sessions is appropriate in order to help the claimant transition into termination. As a result, the request for "Psychotherapy visits times 1-2 visits per week (unspecified)" is not medically necessary.