

Case Number:	CM14-0182246		
Date Assigned:	11/07/2014	Date of Injury:	02/16/2012
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 33 year-old female (██████████) with a date of injury of 2/16/12. The claimant sustained orthopedic injuries to her right thumb, hand, and elbow while working for the ██████████. It is also reported that the claimant sustained stress in the workplace. In his PR-2 report dated 7/31/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, severe; (2) Insomnia -type sleep disorder due to pain; and (3) Psychological factors affecting medical condition. The claimant has been receiving psychological services with ██████████. The request under review is for continued psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy, 1 Session per Week for 20 Weeks (52 Minutes per Session):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

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 and APA Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition (2010), Maintenance phase (pg. 19).

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the limited medical records, the claimant was initially evaluated by [REDACTED] in November 2012. In his "Request for Treatment Authorization" dated 11/10/14, [REDACTED] reports that the claimant has consulted with [REDACTED] on "26 occasions in 2014" with her most recent session on "September 30, 2014." Although [REDACTED] offers relevant information regarding the claimant's need for additional treatment, the request for an additional 20 psychotherapy sessions is excessive and does not offer a reasonable period of time for reassessment of treatment plan goals, interventions, etc. As a result, the request for "Individual Psychotherapy, 1 Session per Week for 20 Weeks (52 Minutes per Session)" is not medically necessary. It is noted that the claimant received a modified authorization for 6 individual psychotherapy sessions in response to this request.