

Case Number:	CM14-0021675		
Date Assigned:	05/07/2014	Date of Injury:	10/01/2010
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/20/2014

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 59 year-old male with a date of injury of 10/1/10. The claimant sustained injuries to his head, neck and back as well as developing hypertension, acid reflux, a sleep disorder, memory loss, cognitive difficulties, altered speech, psychiatric symptoms, and sexual dysfunction as the result of a high-impact motor vehicle accident. In his most recent PR-2 report dated 12/18/13, [REDACTED] diagnosed the claimant with the following: (1) Status post closed injury with persistent confusion, memory, headache, vertigo, and speech difficulty; (2) Cervical whiplash injury; (3) Probable left lumbar radiculopathy; and (4) Depressive disorder. The claimant's treating psychological providers have diagnosed the claimant with: (1) Major depressive disorder, single episode, severe; (2) Chronic PTSD; (3) Cognitive disorder; (4) Pain disorder associated with both psychological factors and a general medical condition; and (5) Insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X 28 SESSIONS: Upheld

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

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.

Decision rationale: The CA MTUS does not address the treatment of depression nor PTSD therefore, the ODG guidelines regarding the cognitive behavioral treatment of depression and PTSD will be used as references for this case. Additionally, the American Psychiatric Guideline for the maintenance phase treatment of patients with major depressive disorder will also be used as reference. Based on the review of the medical records, the claimant has remained fairly symptomatic since his injury in 2010. It appears that he has been receiving psychological services with [REDACTED] for at least over one year. The exact number of completed sessions is unknown. The ODG recognizes that for complex cases in which the claimant experiences both depression and PTSD, services for at least one year or 50 sessions can be more effective than shorter-term psychotherapy for patients with complex mental disorders. Although this guideline is applicable to this case, the request for an additional 28 sessions appears excessive as it does not offer a reasonable time for reassessment/re-evaluation of progress, treatment goals, diagnosis, etc. Additionally, it appears that the claimant is in maintenance phase therapy at which point, sessions often taper down. As a result, the request is not medically necessary.