

Case Number:	CM14-0039102		
Date Assigned:	06/27/2014	Date of Injury:	02/15/2012
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 53 year old female with date of injury 2/15/2012. The date of the Utilization Review (UR) decision was 3/19/2014. Per a report dated 3/10/2014, she has been diagnosed with Adjustment disorder with mixed anxiety and depressed mood, chronic and Depressive disorder NOS. It was indicated that she received twice weekly psychotherapy from September 2012 till July 2013. She has also been in treatment with a Psychiatrist and has been on psychotropic medications such as Prozac and Ativan. It was listed that she suffers from depression and anxiety due to chronic pain. Her sleep is limited to 4 hours a night because of pain. She experiences increased anger, social withdrawal, loss of self confidence and self esteem. She had Beck Depression Inventory score of 41(severe depression) and Beck Anxiety Inventory score of 37 (severe anxiety) per that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy one (1) session per week x 20 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT).

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 & stress, cognitive therapy for depression.

Decision rationale: Upon review of the submitted documentation, it is gathered that the injured worker has been in twice weekly psychotherapy from September 2012 to July 2013. There is no evidence as to how many total sessions she has received till date or any reports of objective functional improvement from the treatment. Based on the report of twice weekly therapy for a year, it appears that she has exceeded the guideline recommendations. Thus, the request for additional treatment i.e. Psychotherapy one (1) session per week x 20 weeks is not medically necessary and appropriate.