

Case Number:	CM14-0044778		
Date Assigned:	06/23/2014	Date of Injury:	10/15/2000
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 65 year-old male (██████████) with a date of injury of 10/15/00. The claimant sustained injury while working for ██████████. The mechanism of injury was not found within the medical records. In a PR-2 report dated 3/19/14, Registered Nurse Practitioner, ██████████, diagnosed the claimant with: (1) Major depression from chronic pain; (2) General anxiety; and (3) Sleep disorder. Additionally, in her 5/28/14 "Progress Report", treating Psychologist, ██████████, diagnosed the claimant with Major depressive disorder, single episode and Panic disorder with agoraphobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 reconsideration for individual psychotherapy visits once per week for six months (24 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 The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pg. 58)Maintenance Phase Treatment."

Decision rationale: Based on the review of the medical records, it the claimant has been participating in psychotherapy services with [REDACTED] for the past couple of years. The exact number of completed sessions to date is unknown. Based on [REDACTED] most recent progress report from May 2014, the claimant continues to experience symptoms and has actually decompensated as a result of being informed of his reduction in psychotherapy services. Given that the claimant has been receiving fairly consistent services for the past couple of years, he has not been able to demonstrate consistent stability. The medical records do not indicate that there has been a change in treatment plan interventions given the lack of objective functional improvements. The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder indicates that "for CBT and IPT, maintenance-phase treatments usually involve a decreased frequency of visits (e.g. once a month). The duration of the maintenance phase will vary depending on the frequency and severity of prior major depressive episodes, the tolerability of treatments, and patient preferences. For many patients, some form of maintenance treatment may be required indefinitely." Although the claimant will likely continue to require some form of maintenance psychotherapy, the request for an additional 24 sessions on a weekly basis is excessive in light of the limited progress and improvement. Additionally, the request for 24 sessions over a 6 month period does not offer a reasonable amount of time for reassessment of treatment plan goals and interventions. As a result, the request for 24 (reconsideration) for individual psychotherapy visits once per week for six months (24 sessions)" is not medically necessary and appropriate.