

Case Number:	CM14-0045143		
Date Assigned:	07/02/2014	Date of Injury:	07/29/2010
Decision Date:	08/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Texas. 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 injured worker is a 42-year-old female who reported an injury on 07/29/2010 from an unknown mechanism of injury. The injured worker has a history of poor appetite, weight loss, anxiety, and depression. The date of injury was from 02/06/2006 to 07/28/2010. It was noted in the office note dated 04/24/2014; on 07/28/2010, the injured worker was placed on medical leave of absence. The injured worker was referred to a psychiatrist. The provider prescribed Lexapro and Xanax. The new psychiatrist also changed her medication regimen and prescribed Effexor. The injured worker was released to return to work in 10/2010 with restrictions. In 12/2010, the injured worker started receiving psychotherapy treatment once every 2 weeks. The injured worker was diagnosed with adjustment disorder, mixed anxiety and depressed mood, chronic, with panic symptoms. In the 05/20/2013 re-evaluation, the injured worker was diagnosed with major depressive disorder, single episode. The injured worker's most recent re-evaluation was on 02/13/2014. She continued to work fulltime. In 07/2013, the injured worker received a new supervisor who would always state that he would give her a surprise visit, which led to additional anxiety. The provider recommended an additional 20 psychotherapy sessions. The injured worker's score on the Beck Inventory suggested a mild level of depression and severe anxiety. The score on the Wahler Physical Symptoms Inventory suggested a high degree of preoccupation with her somatic symptoms and physical functioning. At the present time, the injured worker is receiving psychotherapy in 1 clinic. The injured worker's anxiety and depression have intensified with ongoing work stressors. The ability to sleep was variable. The injured worker was known to irritable and remained socially withdrawn, is tearful daily, her libido and self-esteem are diminished, and is having difficulty with concentration, memory, and maintaining focus. The request for authorization form and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy; twenty sessions, one session per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Therapy for Depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The request for additional psychotherapy 20 sessions, 1 session per week is not medically necessary. The injured worker has a history of depression and anxiety. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend cognitive behavioral therapy for appropriately identified patients during treatment for chronic pain. The guidelines recommend for up to sessions. The injured worker had 13 psychotherapy sessions in 2013. There is a lack of documentation of objective functional improvement from the previous sessions. Also, the request as submitted exceeds guideline recommendations. As such, the request for additional psychotherapy 20 sessions, 1 session per week is not medically necessary.