

Case Number:	CM14-0046382		
Date Assigned:	07/02/2014	Date of Injury:	07/28/2012
Decision Date:	08/06/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 40 year old female who reported an injury on 07/28/2012. The mechanism of the injury was reported to have been stress caused from cumulative events. There was no subjective data in the submitted reports. Her diagnoses included depressive disorder and generalized anxiety disorder. There were no psychometric evaluations submitted. Her psychological review of 03/10/2014 recommended that this worker should receive medications per her treating doctor, but no specific medications were identified. In the review of 03/18/2014, it was noted that this worker had already been treated with 16 sessions of individual psychotherapy (on unknown dates) and medications, and that there was no evidence provided of any objective functional improvements. No request for authorization was submitted

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for Depression.

Decision rationale: The request for psychotherapy x12: is not medically necessary. California MTUS recommends psychological treatment for appropriately identified patients for chronic pain. Cognitive behavioral therapy (CBT) has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. ODG does recommend CBT for depression stating that the effects may be longer-lasting than therapy with antidepressants alone (25% relapse rate vs. 80% relapse rate). Time frames include up to 13-20 visits over 7-20 weeks if progress is being made with up to 50 sessions in cases of severe major depression. There was no documentation submitted of pharmacological intervention. This worker does not have a diagnosis of severe major depression. This worker has received 16 previous sessions of psychotherapy with no evidence provided of any objective functional improvements. The requested 12 additional sessions of psychotherapy exceeds the recommended number of sessions. Therefore, this request for psychotherapy x12: is not medically necessary.