

Case Number:	CM14-0048437		
Date Assigned:	07/02/2014	Date of Injury:	04/11/2002
Decision Date:	08/06/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

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 61 year-old female (██████████) with a date of injury of 4/11/02. The claimant sustained injury while working for the ██████████. The mechanism of injury was not found within the records submitted for review. In her PR-2 report dated 2/20/14, treating psychologist, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate to severe, non psychotic; (2) Pain disorder due to both psychological factors and a general medical condition; and (3) Psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional individual Psychotherapy x 24 sessions: 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) Cognitive Behavioral Therapy (CBT) guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the non-MTUS Official Disability Guidelines (ODG), Mental Illness and Stress Chapter; and the non-MTUS APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, 3rd Edition (2010).

Decision rationale: The California MTUS guidelines do not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the injured worker has been participating in psychotherapy services with a treating provider. The treating provider's 2/20/14 PR-2 report, indicated that the injured worker is benefitting from treatment, but slower than expected. The treating provider indicated that the injured worker scored a 37 on the BDI and an 11 on the BAI. Although the injured worker may benefit from additional sessions, the request for an additional 24 sessions appears excessive as it does not allow for a reasonable period of time for reassessment of treatment plan goals, interventions, etc. As a result, the request for "Additional individual Psychotherapy x 24 sessions" is not medically necessary. It is reported in the UR Determination letter dated 3/14/14 that the injured worker had been authorized in January 2014 for 24 sessions. It was unclear from the records whether the injured worker had begun those sessions.