

Case Number:	CM14-0061800		
Date Assigned:	07/09/2014	Date of Injury:	01/23/2000
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 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:

According to the records provided for this independent review, this patient is a 65 year old female who reported an industrial/occupational work-related injury on 1/23/2000 during the course of her normal duties as a mental health worker. She has been diagnosed failed lumbar fusion and is wheelchair bound. She has had a stroke. The patient reports severe depression, exhaustion, chronic pain, financial distress, hopelessness, bedsores and falling out of bed. She has been diagnosed with major depression, single episode, severe. She has suicidal ideation without intention. She has difficulty performing simple self-care chores and is frustrated and angry. A request for five additional psychotherapy visits/sessions was made and not medically necessary; this independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 5 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 8 C.C.R 9792.20-9792.26, effective July 18, 2009 Page(s): 100-102.

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 Chapter, topic psychotherapy guidelines, June 2014 update.

Decision rationale: The patient has reportedly had 19 psychotherapy sessions so far; utilization review determined to that the additional sessions cannot be certified based on a lack of supporting data documenting objective functional gains that have resulted from the prior sessions and that there was not a treatment outlined with specific goals. According to the ODG treatment guidelines for psychotherapy (see June 2014 update), patients with severe depression may be offered up to a maximum of 50 sessions if progress is being made in therapy. I do agree with the utilization review comments that the lack of progress notes (none were provided) makes the authorization of continued therapy impossible. There is extensive documentation of her ongoing psychological distress and the request for five additional sessions is not excessive, but without any evidence, in the form of progress notes or treatment summaries, from the provider I am unable to overturn the utilization review decision. This decision is based solely on the lack of information provided and not a reflection of the patient's need, or lack thereof, for treatment.