

Case Number:	CM14-0067308		
Date Assigned:	07/11/2014	Date of Injury:	03/22/1994
Decision Date:	08/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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 Clinical 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:

This patient is a 60 year old female who reported an industrial/occupational work related injury on March 22, 1994. The details of this injury were not provided the patient reports continued full body pain, chronic fatigue, and problems sleeping, with complaints of neck pain numbness and tingling in both of her arms. She has a diagnosis of major depression, severe. She is described as being both severely anxious and depressed with hopelessness. It appears that she has recently returned to work although the details of this are unclear. She reports symptoms of anger, anxiety, depression, diminish energy, irritability, panic attack, sleep disturbance, and social withdrawal. The patient has had 24 sessions prior that were approved that started in August 9, 2013. A request for additional psychotherapy sessions, twice monthly, 24 sessions, over 52 weeks was made and non-certified. 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 twice (2) monthly, twenty-four (24) sessions/ fifty-two (52) weeks: 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 regarding Cognitive therapy for depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter, topic psychotherapy guidelines, June 2014.

Decision rationale: The California MTUS guidelines do not specifically address the situation, but the ODG guidelines for psychotherapy (June 2014 update) state that a patient may have a maximum of 13 to 20 visits except in cases of severe major depressive disorder, or PTSD, in which case of the 50 sessions may be offered if medically necessary and progress is being made. The key phrase here is that progress needs to be made in the treatment, a six month period of time is an adequate course of treatment at which point documentation of progress being made should be submitted prior to an additional set of sessions being offered if they are still needed. In addition, the number of prior sessions is not provided but it is clear that she is already had at a very minimum 24 sessions, and if more sessions were authorized before that it is quite likely she is already exceeded the maximum number of 50 sessions if may be provided in extreme cases of severe depression. It will be important for any future requests for treatment to include the total number of sessions that the patient has had for this treatment episode. Therefore the request to overturn the non-certification for 24 sessions of psychotherapy to be held twice per month is not approved. As such, the request is not medically necessary.