

Case Number:	CM14-0075314		
Date Assigned:	07/16/2014	Date of Injury:	08/12/2010
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 27-year-old female who reported an injury on 08/12/2012 caused by unspecified mechanism. The injured worker's treatment history included MRI. The injured worker was psychological evaluation on 01/25/2012 documented that the injured worker had headaches, sweaty palms, and cold feet, change in taste and appetite, weight gain, chest pains, heart flutter, stomachache, indigestion, lightheadedness, dizziness, excessive sweating, generalized weakness, bright red stool, tarry stool, diarrhea, constipation, and problems with urination. The injured worker reported pain in her back and had problems with her concentration and memory. She felt nervous and depressed. She felt "detached" and emotionally removed from the situation. She had hallucinations. She had a change in her sexual interests and desire, less energy, and did not feel good about herself and developed diminished self-confidence. The psychologist performed a mental status examination and provided diagnoses including major depressive disorder, single episode, moderate with anxious features, sleep disorder due to pain and depression, insomnia type, and female hypoactive sexual desire disorder due to pain and depression. The psychologist recommended the injured worker to continue with individual and group psychotherapy and to continue with her medications. The injured worker was evaluated on 09/24/2012 by the psychologist documented that the injured worker anxious and had crying spells. She experienced right arm numbness and tingling, spasms in her lower back, and had numbness in her left leg. She had been feeling frustrated like she was getting the runaround regarding the authorization for recommended treatment. She experienced depression daily, difficulty falling asleep and staying asleep. It was noted that the psychologist recommended continuing receiving group psychotherapy as well along with weekly one-on-one cognitive/behavioral psychotherapy. She was to continue with her medications. There were no medications listed for the injured worker. The injured worker's diagnoses included major

depressive disorder, single episode, moderate with anxious features, sleep disorder due to pain and depression, insomnia type, female hypoactive sexual desire disorder to pain and depression. The request for authorization or rationale was not provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 12 sessions for major depressive disorder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, state psychotherapy sessions are for these Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks individual sessions. The documents submitted indicated the injured worker had prior group and individual psychotherapy however, the documents submitted failed to indicate how many prior sessions of psychotherapy, improvement on medication, and physical therapy outcome measurements. Given the above, the lack of evidence submitted do not warrant psychotherapy sessions X 12 for major depressive disorder.