

Case Number:	CM14-0086185		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2013
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Psychiatry 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 injured worker is a 47 year old female with date of injury 2/27/2013. Date of the UR decision was 5/30/2014. Report dated 5/1/2014 indicated that she reported that the depression was better compared to the previous visit, she had been crying less, sleeping better and reported that medications were working well for her. Objective findings indicated that she had recently started taking the current medications which were Prozac 40 mg daily for depression and Restoril 30 mg nightly for insomnia. The injured worker was diagnosed with Major Depressive Disorder, single episode, moderate; Post Traumatic Stress Disorder, moderate and psychological factors affecting medical condition. It has been documented that she was authorized for 10 sessions of individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy; 1x a week, twenty 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illnesschapter, <Cognitive therapy for depression; Cognitive therapy for PTSD.

Decision rationale: The injured worker is a 47 year old female diagnosed with Major Depressive Disorder, single episode, moderate; Post Traumatic Stress Disorder, moderate and psychological factors affecting medical condition. Report dated 5/1/2014 indicated that she reported that the depression is better, was crying less, sleeping better and reported that medications were working well for her. Objective findings indicated that she had recently started taking the current medications which were Prozac 40 mg daily for depression and Restoril 30 mg nightly for insomnia. ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) It has been documented that she was authorized for 10 sessions of individual psychotherapy. The request for outpatient psychotherapy; 1x a week, twenty weeks i.e. 20 additional sessions exceed the guideline recommendations and thus is not medically necessary.