

Case Number:	CM14-0003920		
Date Assigned:	02/18/2014	Date of Injury:	06/30/1996
Decision Date:	03/10/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 (IW) is a 62 year-old female (██████████) with a date of injury of 6/30/1996. The IW sustained injury while working for the ██████████. The mechanism of injury was not found within the minimal medical records submitted for review. In his report dated 12/30/13, ██████████ noted that the IW is diagnosed with Major Depressive Disorder, single episode, moderate. She has been receiving psychotherapy services for the past few years. The request under review is for an additional 20 psychotherapy sessions, which were denied by UR on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT, 1 SESSION A WEEK FOR 20 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 Mental Illness and Stress Chapter

Decision rationale: Based on [REDACTED]' December 2013 report, which was the only medical record submitted for review, the injured worker has been participating in psychotherapy services with [REDACTED] for the past couple of years. The exact number of completed sessions to date, particularly in 2013, is not known. She has been deemed P&S with further progress not expected. The recommended 20 additional sessions is to prevent deterioration. Given the fact that the injured worker has already received psychological services over the past few years, it is assumed and expected that she would have the knowledge and skills to manage and reduce any continued symptoms. Additionally, the request for 20 weekly sessions appears excessive. As a result, the request for an additional 20 weekly sessions is not medically necessary.