

Case Number:	CM14-0174511		
Date Assigned:	10/27/2014	Date of Injury:	11/12/2001
Decision Date:	03/10/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 sustained a work related injury on November 12, 2001, with a fall on the right knee. The injured worker was noted to have undergone cervical fusion in 2002, cervical foraminotomy in 2004, and right knee arthroscopy on September 5, 2014. The injured worker's conservative treatments were noted to have included trigger point injections, physical therapy, bracing, cognitive behavioral therapy, and oral and topical medications. The Individual Psychotherapy record, dated August 22, 2014, noted the injured worker with the diagnoses of depressive disorder, and anxiety disorder. The Treating Psychologist's note dated September 29, 2014, noted the injured worker receiving mental health treatment services since 2010. The injured worker's stipulated industrial psychiatric injury was noted to have been managed with the combination of psychiatric medications and monthly cognitive-behavioral psychotherapy. The continuing treatment with psychiatric medications and monthly psychotherapy was noted to be necessary indefinitely to prevent deterioration from the Maximum Medical Improvement (MMI) and Permanent and Stationary (P&S) level of activities of daily living, and to permit the injured worker to continue minimally functioning in the home and community. The Provider requested authorization for three sessions of psychotherapy. On October 2, 2014, Utilization Review evaluated the request for three sessions of psychotherapy, citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine, Stress Related Conditions, and the Official Disability Guidelines, Mental Illness & Stress. The UR Psychologist noted that the injured worker had already received a significantly excessive number of treatments, that there was no

indication/documentation of clinically meaningful objective functional improvements, and there was no documentation that there were psychological problems which were impeding the post-operative rehabilitation at that time. The UR Psychologist noted that there was no known empirical basis for long term psychotherapy "to prevent deterioration". The UR Psychologist noted that the clinical indication and necessity of the request for three sessions of psychotherapy could not be established, and there was not the ability to establish a basis that continuing the treatment was both reasonable and medically necessary at that time, with recommendation for non-approval. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three sessions of psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (2014) Mental illness and stress

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 the review of the medical records, the injured worker has been participating in psychotherapy for the past several years. The exact number of completed sessions are unknown. Despite prior progress and improvement from treatment, the injured worker has been deemed P&S and is not expected to make any continued progress. The request for continued sessions is to "prevent deterioration." Given the number of sessions already completed, it is assumed and expected that the injured worker would have the knowledge and skills to manage and reduce her symptoms. As a result, the request for an additional three sessions of psychotherapy is not medically necessary.