

Case Number:	CM14-0201113		
Date Assigned:	12/11/2014	Date of Injury:	01/16/2012
Decision Date:	01/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 Psychiatrist (MD) and is licensed to practice in Illinois. 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 is a 60 year old male who was injured in January of 2012. The patient has a diagnosis of Major Depressive Disorder, Single Episode, Moderate and is on Prozac which has been titrated to 40 mg daily. He has been seen for monthly medication management. Coverage for 12 weekly psychotherapy sessions was modified by the previous reviewer to 6 sessions. This is an independent review for medical necessity for the unmodified request for coverage for 12 weekly psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions weekly of individual psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: An independent review dated 11/25/2014 indicates that the patient has had at least 14 psychotherapy sessions. The ODG indicate up to 13-20 sessions if progress is being made and in cases of severe depression or PTSD up to 50 sessions, again if progress is being

made. The materials reviewed do not indicate that either of the latter conditions are present as the patient is diagnosed with moderate depression and there is no indication of a history of hospitalizations, psychosis, risk to self or others. The records submitted also do not make it clear that the patient has benefitted from the 14 psychotherapy sessions which have been authorized so far. As such, the requested treatment cannot be considered as medically necessary according to the cited evidence based guidelines since the number of requested sessions exceeds that recommended and there is insufficient evidence that progress has been made.