

Case Number:	CM14-0202385		
Date Assigned:	12/12/2014	Date of Injury:	02/10/2012
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/03/2014

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 licensed in Psychologist (PHD, PSYD) 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 50 year-old female (██████████) with a date of injury of 2/10/2012. The injured worker sustained injury to her wrists as a result of overuse through her normal and customary duties as a ██████████. She has been treated for her orthopedic injury with medications, injections, physical therapy, and surgery. It is also reported that she developed psychiatric symptoms secondary to her work-related orthopedic injury and pain. In his initial psychological evaluation dated 6/26/14, ██████████ diagnosed the injured worker with: (1) Major depressive disorder, single episode, moderate to severe, with psychotic features; (2) Pain disorder associated with both psychological factors and a general medical condition; and (3) Rule out of Psychotic disorder, NOS. The injured worker has been participating in follow-up psychological services with ██████████ and/or his colleagues and has been receiving individual psychotherapy as well as biofeedback sessions. The request under review is for 1 additional psychotherapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions (60 minutes) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

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 Chapter Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including individual psychotherapy as well as biofeedback sessions with [REDACTED] and/or his colleagues since the initial psychological evaluation in June 2014 and has been able to demonstrate some objective functional improvements from those services. The injured worker received authorization for an additional 6 psychotherapy sessions and 6 biofeedback sessions in November 2014. Separate from those authorized services, [REDACTED] requested an additional 60 minute psychotherapy session as he indicated that the other psychotherapy sessions are typically 45 minute sessions used in conjunction with a 25 minute biofeedback session. Although the requested session is 15 minutes longer and a separate CPT code, the request is fairly redundant to what has already been authorized. As a result, the request for "Psychotherapy sessions (60 minutes) QTY: 1.00" is not medically necessary.