

Case Number:	CM14-0202730		
Date Assigned:	12/15/2014	Date of Injury:	07/29/2010
Decision Date:	02/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 43 year-old female (██████████) with a date of injury of 7/29/2010. The injured worker sustained an unknown injury while working for the ██████████, ██████████. The mechanism of injury was not found within the minimal medical records submitted for review. In their most recent PR-2 report submitted, which is dated 9/30/14, ██████████ and ██████████ note that the injured worker demonstrates flat affect and reports feelings of listlessness and lack of pleasure with negative moods. The injured worker is diagnosed with: (1) Major depressive disorder, single episode, moderate; and (2) Psychological factors affecting medical condition. There are no objective findings noted. The request under review is for an additional 20 psychotherapy sessions to maintain and prevent recurrent episodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy; one sessions per week for twenty sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness Chapter, Cognitive therapy for depression

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 very limited medical records, the injured worker continues to experience psychiatric symptoms despite her participation in psychotherapy with [REDACTED]. The only psychological record submitted for review is a PR-2 report dated 9/30/14, which does not offer any information about the number of completed psychotherapy sessions to date nor the injured worker's objective functional improvements made from those sessions. Additionally, the request for an additional 20 sessions appears excessive and does not follow the ODG recommendations. As a result, the request for "Individual psychotherapy; one session per week for twenty sessions" is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 psychotherapy sessions in response to this request.