

Case Number:	CM14-0203416		
Date Assigned:	12/15/2014	Date of Injury:	01/04/2001
Decision Date:	02/26/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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: Illinois, Wisconsin, Washington
 Certification(s)/Specialty: Psychiatry

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 45 year old male who was injured in January of 2001 resulting in chronic pain. He has received psychological treatment in the past, about 10 years ago, details unknown. He also has been hospitalized in the past for panic attacks. An evaluation was done in May of last year with a resulting diagnosis of Depressive Disorder NOS. A plan was to initiate Klonopin and possibly Cymbalta and psychotherapy was recommended. An initial psychotherapy request was made for 12 sessions and the request was modified to 4. In October, another evaluation was done and a diagnosis of Major Depressive Disorder was made. There is no mention of details of the patient's clinical course since his previous evaluation but the provider noted that the patient was on Ativan. The provider requested coverage for 8 psychotherapy sessions. The request was also modified to 4 by the previous reviewer. This is an independent review of the unmodified request for 8 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Summary of Medical Evidence.

Decision rationale: The patient evidently had 4 sessions authorized previously and it is not known if he followed up or if he did what his response was. State of California MTUS recommends psychotherapy and indicates 3-4 sessions with additional sessions being contingent on evidence of objective functional improvement. ODG Guidelines recommend up to 50 sessions in cases of severe depression if progress is being made. It is not clear as to whether the patient has had prior therapy and if so to what degree progress was made. The number of therapy sessions requested is consistent with ODG guidelines for the patient's condition. However the modified request is also consistent with both sets of evidence based guidelines and allows for the possibility of additional sessions if progress is being made. Since the requested number of sessions exceeds the initial maximum as indicated by the State of California MTUS and since there is no indication as to the patient's response to previous psychotherapy, medical necessity for the request for 8 individual psychotherapy sessions is not established according to the above cited evidence based guidelines.