

Case Number:	CM15-0006402		
Date Assigned:	01/26/2015	Date of Injury:	12/27/2007
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old male with reported date of injury on 12/27/2007. The mechanism of injury was not provided. The injured worker's diagnoses include major depressive disorder, insomnia, male hypoactive sexual desire disorder, and psychological factors affecting medical condition. The progress note dated 10/31/2014 noted the injured worker had completed 6 out of 6 psychotherapy visits. At the time of examination, it was noted the injured worker demonstrated profound levels of depression marked by loss of hope, flat affect, anxiety, insomnia, low self-esteem, and decreased energy levels. It was noted that due to the severity of the injured worker's psychological impairment and promising effectiveness of psychotherapy based on functional gains the injured worker demonstrated during psychotherapy sessions, the physician was recommending 20 additional psychotherapy visits in order to prevent further emotional psychological decline. However, there was no measurable effective findings provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1x20 52 mins per sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-24.

Decision rationale: According to the California MTUS Guidelines, behavioral interventions may be recommended as they have been shown to reinforce coping skills which is often more useful in the treatment of pain than ongoing medications or therapy which could lead to psychological or physical dependence. The guidelines continue to state that cognitive behavioral therapy is recommended with an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement a total of up to 10 visits over 6 weeks is supported. It noted in documentation that the injured worker had received 6 psychotherapy visits. However, there was a lack of evidence of objective functional improvement to warrant additional psychotherapy visits. Additionally, the request as provided grossly exceeds the guideline recommendations of a total of up to 10 visits over 6 weeks. Furthermore, there is no psychological plan of treatment provided for review demonstrating plan interventions and estimated time of treatment. Therefore, the request for Individual psychotherapy 1x20 52 minutes per sessions is not medically necessary.