

Case Number:	CM15-0009802		
Date Assigned:	01/27/2015	Date of Injury:	04/10/2012
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/16/2015

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: Illinois
 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:

The injured worker is a 55-year-old male who reported an injury on 05/10/2012. The mechanism of injury was not specifically stated. The injured worker presented on 12/31/2014 for a followup evaluation. It was noted that the injured worker had completed 61 of 63 certified sessions of psychotherapy. The injured worker demonstrated functional progress by means of processing feelings and cognitive restructuring. The injured worker was benefiting from relaxation methods, deep breathing, and restructuring self talk. The current diagnosis was adjustment disorder with mixed anxiety and depression. Recommendations included continuation of treatment. A Request for Authorization form was then submitted on 12/31/2014 for individual psychotherapy sessions once per week for 20 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Sessions of Psychotherapy, One Per Week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

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

Decision rationale: The California MTUS Guidelines state cognitive behavioral therapy is recommended. The guidelines recommend an initial trial of 3 to 4 psychotherapy sessions over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks, including individual sessions, maybe appropriate. According to the documentation provided, the injured worker has completed a substantial amount of psychotherapy sessions. Proceeding with additional psychotherapy sessions would not be supported in this case. The injured worker does not meet the requirements for continued psychotherapy, as guidelines recommend evidence of progress in order to support additional sessions. In the absence of objective functional improvement, additional treatment is not supported. As such, the request is not medically appropriate at this time.