

Case Number:	CM15-0145672		
Date Assigned:	08/06/2015	Date of Injury:	05/26/2013
Decision Date:	09/14/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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, Maryland
 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 51 year old male who sustained an industrial injury on 5-26-13. In a treatment summary dated 5-4-15, the provider notes the injured worker continues to participate in once weekly psychotherapy to overcome depression, anger, doubts about the future and despair. The diagnosis is major depression single episode, moderate. He complains of pain, severe depression, insomnia, restlessness, lack of energy, and a down, sad demeanor. Complaints of pain are of the upper and lower back, neck, shoulders, arms, elbows, forearms, and right knee as well as numbness to his wrists and hands. He uses topical medications to avoid complications with the use of narcotic medications. He is being treated medically and psychologically for pain related to his industrial injury. Psychotherapy once a week has been utilized to overcome his negative outlook and discouragement. The request is for once weekly psychotherapy focused on strengthening his resources, prevention of deterioration and to reinforce his adaptability to a slow recovery and lack of knowledge of community resources. He is temporarily partially disabled due to his major depression. The requested treatment is psychotherapy 2 times a week x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 x 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/Cognitive therapy for depression.

Decision rationale: MTUS is silent regarding this issue ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with major depression single episode, moderate. Per the submitted documentation, he suffers from chronic pain, severe depression, insomnia, restlessness, lack of energy, and has a down, sad demeanor. It has been indicated that he has completed about 80 psychotherapy sessions so far with some subjective improvement. There is no clear documentation regarding evidence of objective functional improvement. The request for Psychotherapy 2 x 4 is excessive and not medically necessary as he has already exceeded the psychotherapy guidelines for major depressive disorder.