

Case Number:	CM15-0148290		
Date Assigned:	08/11/2015	Date of Injury:	09/24/2007
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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
Certification(s)/Specialty: Psychologist

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(n) 55 year old female, who sustained an industrial injury on 9-24-07. She reported injury to her back and bilateral wrists related to cumulative trauma. The injured worker was diagnosed as having depressive disorder. Treatment to date has included a carpal tunnel release surgery, psychological testing and an AME in psychiatry. The injured worker completed 4 sessions of psychotherapy from 2-5-15 to 2-25-15 and 6 sessions of cognitive behavioral therapy from 5-7-15 to 7-1-15. As of the PR2 dated 7-1-15, the injured worker reports pain in her hands, back and stomach as well as diarrhea and insomnia. The treating physician noted that the injured worker arrives on time for all her sessions and completed her assignments. There is a beginning decreased in depression but the injured worker continues to struggle with her feelings of helplessness and crying spells. The treating physician requested psychotherapy x 12 treatments (individual).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 12 treatments (individual): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions; ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial 4 psychotherapy sessions with [REDACTED] in February 2015. She completed an additional 6 psychotherapy sessions with [REDACTED] between May 2015 and July 2015. In the July PR-2 report, [REDACTED] notes continued symptoms despite some improvements in functioning and recommends an additional 12 psychotherapy sessions, for which the request under review is based. In the treatment of depression, the ODG recommends "up to 13-20 visits" as long as progress is being made. In cases of severe depression, "up to 50 sessions" may be conducted as long as progress is being demonstrated. Since the injured worker has already completed a total of 10 sessions, the request for an additional 12 sessions exceeds the total number of recommended sessions for the treatment of depression. However, there was a two month break between the sets of sessions, so the injured worker did not receive 10 consistent sessions. As a result, the request for an additional 12 sessions appears reasonable. As a result, the request for an additional 12 psychotherapy sessions is medically necessary.