

Case Number:	CM15-0148621		
Date Assigned:	08/11/2015	Date of Injury:	08/17/2008
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
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 67 year old female, who sustained an industrial injury on 08-17-2008, secondary to being struck by a tree limb resulting in injury to left shoulder-collar bone. On provider visit dated 07-07-2015, the injured worker has reported symptoms of depression and anxiety due to chronic pain. On examination, mood was noted as severely depressed. She was noted to be frightened and had symptoms of post-traumatic stress disorder. The injured worker denied homicidal ideation but has admitted to suicidal thoughts, but will not take action due to religious believe. The diagnoses have included depression, anxiety, and post-traumatic stress disorder - chronic. Treatment to date has included medication. The provider requested psychotherapy 1 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psycho therapy 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

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 has participated in psychotherapy with both [REDACTED] and [REDACTED] for an unknown number of sessions. There are notes dated 1/27/15, 2/25/15, 4/15/15, 5/14/15, and 7/7/15 included for review. None of the notes report the number of completed sessions however, the note dated 4/15/15, indicates that it is number 1 of 6 authorized sessions. This does not explain the prior notes and services. The ODG recommends "up to 13-20 sessions" if progress is being noted. Without sufficient information regarding the completed services to date, the need for additional treatment cannot fully be determined. As a result, the request for an additional 6 visits is not medically necessary.