

Case Number:	CM15-0162928		
Date Assigned:	08/31/2015	Date of Injury:	05/01/2007
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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 44 year old female who sustained an industrial-work injury on 5-1-07. She reported an initial complaint of mood disorder with anxiety, anger, and irritability. The injured worker was diagnosed as having right rotator cuff tear, major depressive disorder, intermittent suicide ideation, and anxiety. Treatment to date includes medication and therapy. Currently, the injured worker complained of gastrointestinal distress, dental problems, TMJ (temporomandibular joint) symptoms, hypertension, pain and swelling in the lower extremities, and having episodes of intense anger, fearfulness, and anxiety. Per the psychologist report on 8-3-15, exam-evaluation noted continued symptoms (agitation and tearfulness) with present regimen. The requested treatments include 4 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Sessions of Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 been receiving psychological services from [REDACTED] since sometime in 2012. The most recent progress reports/PR-2s from June and August 2015 fail to identify the number of completed sessions to date nor offer information about consistent progress and improvements made from the sessions. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further recommends that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." It is assumed that the injured worker has received at least 50 sessions for the treatment of her depression given the fact that treatment occurred over 3 years ago. However, without more detailed information about completed services, this cannot be confirmed. As a result, of insufficient information, the request for an additional 4 psychotherapy sessions is not medically necessary.