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| Case Number: | CM15-0164919 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 12/22/1993 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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 59 year old male who sustained an industrial injury on December 22, 1993. A primary treating office visit dated February 06, 2015 reported subjective complaint of "I'm better, I'm not thinking about dying." Objective assessment noted mood is less dismissed. Follow up dated May 29, 2015 reported subjective complaint of "I'm not doing too well, truly need two weeks off." The treating diagnosis is major depressive disorder. July 2015 follow up showed subjective complaint of "I'm on the verge of tears of anger." Objective assessment noted mood depressed, crying continuously. A psychological follow up dated July 31, 2015 reported the treating diagnosis of major depression, moderate, recurrent, anxiety disorder. The plan of care noted continuing with psychiatric session for a total of 20 sessions. There is recommendation for additional psychological session.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 visits of Psychological Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary.

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 assessment with [REDACTED] on 7/31/15. According to [REDACTED] report, the injured worker has been receiving psychotropic medication management services for several years following his work-related injury in 1993 however, he has never received psychological care. Due to an exacerbation of psychiatric symptoms of depression and anxiety with passive suicidal ideation, it is reported that the injured worker requires psychological services. In his report, [REDACTED] recommended 20 psychotherapy sessions, for which the request under review is based. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further indicates that 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." Given the fact that the injured worker has not received any psychological services in the past and he is experiencing an increase in symptoms that psychotropic medications alone are unable to reduce as well as the request falls within the recommended number of sessions cited by the ODG, the request for 20 visits of psychological treatment is medically necessary.