

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0166859 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 05/22/2003 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/03/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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 63 year old male with an industrial injury dated 05-22-2003. The injured worker's diagnoses include major depressive disorder, single episode, moderate; dysthymic disorder and alcohol dependence. Treatment consisted of diagnostic studies, prescribed medications, 6 recent psychotherapy sessions and periodic follow up visits. In a progress note dated 7-24-2015, the injured worker reported ongoing feelings of depression and anxiety with improvement since returning to treatment. The injured worker reported that he worries about how he will do without the therapeutic support. Objective findings revealed introverted man who has learned to verbalize worries and fears. The treating physician reported that the interventions appear and are stated to improve his pain management and daily functioning while in treatment. The treating physician also reported that the injured worker continues to display symptoms of depressive disorder, single episode, moderate which has continued since last visit. The injured worker reported an increased awareness in reducing his alcohol intake to fewer drinks of lesser quantity since returning to therapy. The treating physician prescribed services for additional psychotherapy Quantity: 12, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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] for an unknown number of sessions. Per the UR report, the injured worker completed 27 psychotherapy sessions in 2014. However, the earliest therapy note included for review is from January 2015, so this cannot be confirmed. In the January 2015 progress report, [REDACTED] reported that the injured worker continued to need psychotherapy and recommended an additional 12 psychotherapy sessions. It is unclear whether any treatment occurred immediately following this report as the next medical record included for review is dated 7/8/15 and indicates that 6 psychotherapy sessions had been authorized in May and that the injured worker had completed 4 of those 6. Therefore, it is unclear whether the injured worker received any treatment between the end of January and May 2015. In the most recent report, [REDACTED] does present the progress and improvements made as a result of treatment. However, without specific information about the prior services, particularly the number of completed sessions to date, the need for additional treatment cannot be fully determined. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.