

Case Number:	CM15-0183380		
Date Assigned:	10/05/2015	Date of Injury:	11/19/2008
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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 71 year old male who sustained an industrial injury on 11-19-08. The medical records indicate that the injured worker is being treated for anxiety state; arthropathy, unspecified; depressive disorder; insomnia; unspecified disorders of the cervical region; chronic pain; posttraumatic stress disorder; acute unspecified reaction to stress; disorders of the bursae and tendons in shoulder region; esophageal reflux; dizziness and giddiness; plantar fascial fibromatosis; bilateral neck pain, neck stiffness; left shoulder achiness; headaches. He currently (9-10-15) complains of increased stress and anxiety due to being off all psychotic medications until he is seen on 9-23-15. The 7-27-15 note indicates no anger or impulsive behavior displayed; no change in excessive worrying, sleep difficulties, energy level (the 2-26-15 note indicated decreased worrying, decreased fatigue, less anxiety and the 5-21-15 note indicates these issues are increased again). The 6-18-15 note indicates a flat affect; assistance with domestic tasks is required, social isolation. He is treated with medications: Ditropan, sucralfate, polyethylene glycol, Colace, Miralax, Lyrica, Nexium; radiofrequency lesioning. The request for authorization dated 7-30-15 was for 6 sessions of psychotherapy. On 9-15-15 Utilization review non-certified the request for 6 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Cognitive therapy for PTSD.

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 an unknown number of psychological services from psychologist, [REDACTED] [REDACTED] since 2012. For the treatment of depression and/or PTSD, the ODG recommends "up to 13-20 visits if progress is being made." It further suggests that "in cases of severe major depression or PTSD, up to 50 sessions if progress is being made." Given the fact that the injured worker continues to remain symptomatic despite having received psychotherapy over the past few years, the request for an additional 6 sessions exceeds the total number of recommended sessions set forth by the ODG. As a result, the request for an additional 6 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 sessions in response to this request.