

Case Number:	CM15-0185759		
Date Assigned:	09/25/2015	Date of Injury:	06/30/1995
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 an 80 year old female, who sustained an industrial injury on 6-30-1995. Medical records indicate the worker is undergoing treatment for major depressive disorder. A recent progress report dated 6-24-2015, reported the injured worker complained of a lupus flare causing increased pain and she was struggling to maintain a sense of control over her health. The physician noted the injured worker had significant benefit from treatment with improvements in mood, affect and increased daily activity. The injured worker reports the cognitive and behavior interventions have been helpful for maintaining stress management and pain management. Treatment to date has included psycho- therapy and medication management. On 7-23-2015, the Request for Authorization requested 6 outpatient psychotherapy sessions. On 8-21-2015, the Utilization Review noncertified the request for 6 outpatient psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 outpatient psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

Decision rationale: MTUS is silent regarding this issue ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with Major Depressive Disorder and sustained injury about 20 years back. She has undergone extensive psychotherapy since the injury and the records indicate that she completed 12 sessions in the last 6 months. The guidelines suggest up to 13-20 visits over 7-20 weeks (individual sessions) which she seems to have completed since the injury. Thus, the request for additional 6 outpatient psychotherapy sessions is excessive and not medically necessary.