

Case Number:	CM15-0190632		
Date Assigned:	10/02/2015	Date of Injury:	01/27/1995
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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 a male individual who sustained an industrial injury on 1-27-95. The medical records indicate that the injured worker is being treated for major depressive disorder, single moderate. He currently (8-27-15) has been evaluated by psychiatry and new medications were prescribed. He still complains of broken sleep, diminished appetite, numbness in right and left leg and discouraged mood. On physical exam his mood remains depressed. He has almost fallen twice and future surgery has not been approved. He has completed six of six psychotherapy sessions for monitoring of suicidal ideations. Additional sessions are requested to support continuity of care, support the injured worker as he seeks a new psychiatrist (due to retirement of previous provider) and as he adjusts to the new medications. The request for authorization was not present. On 9-22-15 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: 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) 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, single, moderate. The submitted documentation indicated that he has complete six psychotherapy sessions without any information regarding functional improvement with treatment. The request for further treatment is not medically necessary based on lack of improvement with the prior treatment.