

Case Number:	CM15-0195073		
Date Assigned:	10/08/2015	Date of Injury:	11/21/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 39-year-old female, who sustained an industrial injury on 11-21-14. The injured worker was diagnosed as having major depressive disorder and post-traumatic stress disorder. Medical records (5-27 through 7-1-15) indicated the injured worker reported less anxiety and tension during the daytime. The physical exam (3-18-15 through 5-20-15) revealed a Beck's Depression Inventory score from 21-31 and an appropriate affect. As of the PR2 dated 8-5-15, the injured worker reports significantly reduced symptom of depression and anxiety during the daytime. However, at night she continues to have problems and is not sleeping well. Objective findings include a Beck's Depression Inventory scale of 14. Treatment to date has included physiotherapy (from at least 6-15-15 to 8-13-15) and cognitive behavioral therapy (since at least 1-5-15). The treating physician requested psychotherapy x 12 sessions with a psychologist for post-traumatic stress disorder-depression. The Utilization Review dated 9-23-15, non-certified the request for psychotherapy x 12 sessions with a psychologist for post-traumatic stress disorder-depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 12 Sessions with Psychologist for Post-traumatic Stress Disorder/Depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

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 PTSD.

Decision rationale: Based on the review of the medical records, the injured worker has been participating in psychotherapy services with [REDACTED] since January 2015 for an unknown number of sessions. In the 7/29/15 report, [REDACTED] offered relevant information regarding the injured worker's progress as well as her continued symptoms requiring additional treatment. He recommended additional 10-12 sessions, which were authorized on 8/11/15. It is unclear whether those additional sessions commenced prior to the request under review or if the current request is a duplicate. There are no records following the 7/29/15 report. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.