

Case Number:	CM15-0196726		
Date Assigned:	10/12/2015	Date of Injury:	10/06/1998
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This injured worker is a 62 year old male, who sustained an industrial injury on 10-06-1998. The injured worker was diagnosed as having depressive disorder - NOS, anxiety disorder NOS, pain disorder associated with both psychological factors and general medical condition. On medical records dated 06-30-2015 and 08-31-2015, the subjective complaints were noted as lower back ache and bilateral lower extremity pain. Pain was noted a 7 out of 10 with medication and a 10 out of 10 without medication. On provider visit 06-30-2015 the injured worker complained of depressive and anxiety symptoms, depression along with suicidal thoughts without a plan, anxiety, decreased libido, poor motivation, low energy and difficulty with concentration and memory. Treatments to date included an unclear number of completed sessions of bimonthly psychotherapy, cognitive behavioral, breathing and relaxation technique and medication. Current medications were listed as Ativan, Lexapro and Remeron. The Utilization Review (UR) was dated 09-22-2015. A Request for Authorization for psychotherapy 2x/mo x 9 mos was submitted. The UR submitted for this medical review indicated that the request for psychotherapy 2x/mo x 9mos was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2x/mo x 9mos: 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 (ODG) Cognitive Behavioral Therapy (CBT); ODG TWCL Mental Illness and Stress Chapter (Online Version).

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 psychiatric medication management services as well as supportive psychotherapy from [REDACTED]. Although [REDACTED] records fail to identify the number of completed sessions, the UR determination letter dated 9/22/15 indicates that the injured worker has been authorized for 30 sessions. In his 8/25/15 report as well as the 10/2/15 letter in response to the UR denial, [REDACTED] notes continued psychiatric symptoms and requests an additional 9 months of bimonthly sessions. Given that there has already been 30 sessions possibly completed with minimal progress made and demonstrated on a consistent basis, the request for an additional 18 sessions appears excessive. The ODG recommends "up to 13-20 sessions, if progress is being made." In the treatment of severe depression, the ODG recommends "up to 50 sessions if progress is being made." Although the additional 18 sessions falls within the range of a total of 50 sessions, there has not been enough consistent progress to substantiate the need for 18 additional sessions over a 9 month duration. As a result, the request for psychotherapy 2X/mo for 9 months is not medically necessary.