

Case Number:	CM15-0198113		
Date Assigned:	10/13/2015	Date of Injury:	02/26/2012
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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 39 year old male, who sustained an industrial injury on 2-26-12. The injured worker was diagnosed as having depressive disorder NOS; anxiety disorder NOS. Treatment to date has included status post right rotator cuff surgery (2013); physical therapy; medications. Currently, the PR-2 notes dated 8-21-15 indicated the injured worker was in this office for a consultation and treatment for psychological symptoms resultant from an industrial injury of 2-26-12. He reports he has no feeling in his right arm, left hip to left leg and uses an electric wheelchair. He reports to using crutches at home. The provider notes the injured worker's current medications are: Gabapentin, hydrocodone and amitriptyline for pain. However, he reports he has not recently required the hydrocodone. He reports he has become depressed and anxious over time because of his ongoing pain and changes in his life since his injury. The provider's mental status examination finds the injured worker is experiencing significant chronic pain as well as significant level of depression and anxiety. A Request for Authorization is dated 10-7-15. A Utilization Review letter is dated 9-10-15 and non-certification for 12 Individual Psychotherapy Sessions for Anxiety Disorder. A request for authorization has been received 12 Individual Psychotherapy Sessions for Anxiety Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Individual Psychotherapy Sessions for Anxiety Disorder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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; PTSD.

Decision rationale: 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). The injured worker suffered from accidental electrocution at work, which resulted in physical and psychological injuries. He has been diagnosed with Dementia not otherwise specified, Post traumatic disorder, Major Depressive Disorder and Anxiety disorder. Treatment to date has included status post right rotator cuff surgery (2013); physical therapy; medications. Per the most recent progress report dated 8/21/2015, he continues to experience pain, numbness of right arm and uses an electric wheelchair. It is been documented that he has become depressed and anxious over time because of his ongoing pain and changes in his life since his injury. The injured worker is a candidate for treatment with psychotherapy, however the request for 12 Individual Psychotherapy Sessions for Anxiety Disorder exceeds the guideline recommendations for an initial trial and thus is not medically necessary.