MAXIMUS Federal Services

Case Number:	CM15-0204797		
Date Assigned:	10/21/2015	Date of Injury:	03/22/2008
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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 45 year old female who sustained an industrial injury on 03-22-2008. A review of the medical records indicated that the injured worker is undergoing treatment for adjustment disorder with anxiety and major depressive disorder along with cervicalgia, right knee internal derangement and lumbago. According to the treating physician's progress report on 09-11-2015 and 10-01-2015, the injured worker continues to experience anxiety, difficulty sleeping and depression. The injured worker subjectively feels more energy and is making attempts to decrease social isolation, staying busy, engaging in exercise and pain management strategies. The injured worker denied suicidal ideation. Objective findings noted mild motor agitation at times when discussing her future and tearful at times. The injured worker was noted to have good insight, congruent affect and good judgment. Her symptoms of anxiety and depression have improved as a result of consistent medications management from the psychiatrist and implementing learned coping skills in therapy. The injured worker has reported noticing improved mood. Despite these improvements, the injured worker reported decompensation with increased pain levels. The injured worker continues every 3-4 weeks for medication adjustments and stabilization. Beck depression Inventory score indicated severe depression. Prior treatments have included diagnostic testing, ENT specialist consultation, orthopedic consultation, audiology testing, pain management, occipital nerve block times 2, physical therapy, psychiatric evaluation and treatment, cognitive behavioral therapy (CBT) (no quantity documented), gastroenterology consultation and medications. Current medications were listed as Alprazolam, Norco and Omeprazole. Psychiatric medications were not noted. Treatment

plan consists of continuing with psychiatric visits for medications, primary treating physician follow-up and the current request for outpatient six (6) psychotherapy sessions bimonthly. On 10-12-2015, the Utilization Review determined the request for outpatient six (6) psychotherapy sessions bimonthly was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient six (6) psychotherapy sessions bimonthly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Psychotherapy Guidelines.

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 experiencing psychiatric symptoms related to depression and anxiety secondary to her work-related orthopedic injuries. She has been receiving psychotropic medication management services from a psychiatrist as well as psychotherapy services from psychologist, [redacted]. The commencement of services with [redacted] is unknown as is the number of completed sessions to date. According to the UR determination letter dated 10/12/15, the injured worker has completed at least 20 psychotherapy sessions. Unfortunately, this was unable to be confirmed by [redacted] progress notes or PR-2 reports. The most recent PR-2 report dated 9/11/15 indicates that the injured worker continues to be symptomatic despite ongoing therapy services. [redacted] reports that the injured worker is being seen every "3-4 weeks while her medications continue to be adjusted and stabilized." She further recommended that the injured worker receive "authorization for four psychotherapy sessions to occur every four weeks." Despite this recommendation, the request under review, which followed this PR-2 report, is for 6 bimonthly psychotherapy sessions. Without information about the number of completed sessions to date including how many of them were completed in 2015, the need for additional treatment (whether it be for 4 or 6 sessions) cannot be fully determined. Additionally, there does not seem to be any information about a change in treatment plan to address the continued symptoms. As a result, the request for an additional 6 bimonthly psychotherapy sessions is not medically necessary.