

Case Number:	CM15-0204840		
Date Assigned:	10/21/2015	Date of Injury:	06/22/2000
Decision Date:	12/08/2015	UR Denial Date:	10/10/2015
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 58 year old male, who sustained an industrial injury on 6-22-2000. The medical records indicate that the injured worker is undergoing treatment for major depression. According to the progress report dated 9-14-2015, the injured worker reports that he is maintaining overall. He notes good days and bad days. He states that he is "forgetting things". He sleeps 6 hours per night. The mental status assessment notes that the "patient is at his baseline". The current medications are Zoloft, Temazepam, and Xanax. Treatments to date include medication management and psychotherapy. Work status is not indicated. The original utilization review (10-10-2015) had non-certified a request for 12 individual therapy sessions and 12 group therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual therapy 12 sessions: Upheld

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

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 secondary to his work-related orthopedic injuries. According to treating psychiatrist, [REDACTED], who consulted with the injured worker in January 2015, the injured worker has been receiving psychological services from [REDACTED]. The request under review is for an additional 12 individual therapy sessions with [REDACTED]. Unfortunately, none of [REDACTED] records were included for review. According to the UR determination dated 10/10/15, the injured worker has completed at least 480 sessions since 2006. If this is accurate, the injured worker has received an excess amount of therapy. However, without any of [REDACTED] records, this cannot be confirmed. Additionally, without any records, the injured worker's progress from the unknown number of completed sessions is not known. As a result of insufficient information, the request for an additional 12 individual therapy sessions is not medically necessary.

Group therapy 12 sessions: Upheld

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

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 secondary to his work-related orthopedic injuries. According to treating psychiatrist, [REDACTED], who consulted with the injured worker in January 2015, the injured worker has been receiving psychological services from [REDACTED]. The request under review is for 12 group therapy sessions. Unfortunately, none of [REDACTED] records were included for review. It is unknown if the injured worker has already been receiving group therapy sessions in addition to individual sessions or if this is a request for a new modality of treatment. According to the UR determination dated 10/10/15, the injured worker has completed at least 480 sessions since 2006. It was not indicated what types of sessions were completed. If the UR determination letter is accurate, the injured worker has received an excess amount of therapy. However, without any of [REDACTED] records, this cannot be confirmed. Additionally, without any records, the injured worker's progress from the unknown number of completed sessions is not known. As a result of insufficient information, the request for an additional 12 group therapy sessions is not medically necessary.