MAXIMUS Federal Services

Case Number:	CM15-0207937		
Date Assigned:	10/26/2015	Date of Injury:	06/18/2014
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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(n) 46 year old female, who sustained an industrial injury on 6-18-14. The injured worker was diagnosed as having unspecified depressive disorder and unspecified anxiety disorder. Subjective findings (3-17-15, 7-29-15 and 9-9-15) indicated better mentation and less pain. The treating physician noted continued evidence of improvement and is able to work without restrictions. Objective findings (3-17-15, 7-29-15) revealed full cervical range of motion and a negative straight leg raise test. As of the PR2 dated 9-17-15, the injured worker reports a renewed outlook. She indicated that her sleep is 7 out of 10; with 10 being a "great" night's sleep and not feeling frustrated or upset when going home from work. The injured worker reported seeing her therapist every other week with no effect on her mood. Objective findings include normal hygiene, oriented to person, place and time and no thought of harming herself or others. The treating physician noted that the injured worker is not psychiatrically disabled. Treatment to date has included acupuncture, cognitive behavioral therapy x 8 sessions and Celexa. The Utilization Review dated 10-14-15, non-certified the request for additional psychotherapy 8 sessions (1 per week).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy 8 sessions (1 per week): Upheld

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

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 individual psychotherapy from [redacted], under the supervision of [redacted]. Per the most recent SOAP note, dated 9/28/15, the injured worker completed 21 of 24 authorized sessions. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." Given the fact that the injured worker has already completed 21 sessions and has continued to demonstrate not only progress, but stability, the request for an additional 8 sessions exceeds the ODG recommendations. As a result, the request for an additional 8 psychotherapy sessions (1 per week) is not medically necessary.