

Case Number:	CM15-0027077		
Date Assigned:	02/19/2015	Date of Injury:	02/29/2012
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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 55 year old male, who sustained an industrial injury on 2/29/12. On 2/12/15, the injured worker submitted an application for IMR for review of 12 additional sessions of psychotherapy over 12 weeks. The treating provider has reported the injured worker as a paraplegic working on reducing his anger and coping with reality of current state of life. The diagnoses have included depressive disorder, major single episode, and moderate. Treatment to date has included approximately 100 sessions of psychotherapy. On 2/3/15 Utilization Review non-certified 12 additional sessions of psychotherapy over 12 weeks however, the injured worker received a modified authorization for an additional 6 sessions. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of psychotherapy over 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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 continues to struggle with psychiatric symptoms related to depression despite having received numerous psychotherapy sessions. Due to the nature of his injuries and the subsequent losses he has and continues to experience, the injured worker's case is an exception to the typical ODG recommendations regarding total number of psychotherapy sessions. Based on [REDACTED] January 2015 report, the injured worker has made some progress, but requires additional treatment to help him maintain some of the gains previously made and to assist him in finding acceptance for the additional losses he is recognizing. Given this information, additional treatment appears warranted however, an additional 12 sessions without any reassessment appears excessive given the number of completed sessions. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization of 6 psychotherapy sessions in response to this request.