

Case Number:	CM15-0028233		
Date Assigned:	02/20/2015	Date of Injury:	07/04/2008
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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:

This 62 year old female sustained an industrial injury on 5/18/10. The injured worker was currently diagnosed with agoraphobia, pain disorder associated with psychological factors and major depressive disorder. In a PR-2 dated 11/14/14, subjective complaints were listed as depressed mood, thoughts of death, fearful and low psychological tolerance. In a PR-2 dated 12/8/14, subjective complaints were listed as patient taking Prozac daily now per doctor's prescription. Objective findings noted that the injured worker was more alert and less depressed with no tears today. The injured worker continued to process issues regarding acceptance of self after industrial injury changed functional capacity. The treatment plan included cognitive behavioral therapy using modified flooding technique to conquer fear of Wal-Mart store. On 1/14/15, Utilization Review noncertified a request for individual psychotherapy 4 sessions for 60 minutes, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 4 sessions for 60 minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 PTSD Psychotherapy Interventions.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services for PTSD, depression, and agoraphobia from [REDACTED] since March 2013. Although it was noted that the injured worker had been participating in bimonthly sessions, it is unclear as to how many sessions have been completed to date. Additionally, the objective functional improvements made from the completed sessions have been minimal and do not appear to have been sustained. Given the fact that the injured worker has been receiving psychological treatment from [REDACTED] for about 2 years, the request for an additional 4 psychotherapy sessions appears excessive and not medically necessary.