

Case Number:	CM15-0044314		
Date Assigned:	03/16/2015	Date of Injury:	06/17/2008
Decision Date:	04/22/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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 was a 44 year old male, who sustained an industrial injury, June 17, 2008. The injured worker previously received the following treatments psychiatric treatment and Cymbalta. The injured worker was diagnosed with major depressive disorder and generalized anxiety disorder. According to progress note of February 9, 2015, the injured workers chief complaint was unable to sleep, loss of activity secondary to anxiety. The injured worker needs constant noise in the house and unable to concentrate. The physical findings were stuttering extreme anxiety, poor concentration and severe depression. According to the progress note of January 20, 2015, the injured worker was having feelings of hopelessness, helplessness and physical pain from depressed mood. The treatment plan included Bi-monthly psychological visits 1 times 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-monthly Psychological Visits 1 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 psychotherapy services from Dr. Cain for some time. Unfortunately, it is unclear from the submitted PR-2 reports as to how many sessions have been completed to date nor are there any objective functional improvements documented. The ODG recommends a total of 13-20 sessions as long as CBT is being conducted and there is documentation of objective functional improvement. Given the lack of supporting information, the request for additional bi-monthly psychological visits (1X6) is not medically necessary.