

Case Number:	CM15-0047497		
Date Assigned:	03/19/2015	Date of Injury:	09/15/2011
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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 55 year old male injured worker suffered an industrial injury on 9/15/2011. The diagnoses were major depressive disorder with anxiety secondary to chronic pain from the lumbar spine, chronic knee pain, and right wrist/shoulder pain. The injured worker had been treated with medications. On 2/20/2015, the treating provider reported he had a psychological evaluation on 12/4/2014 that is interfering with his ability to cope and manage the activities of daily living and self-care. The 12/4/2014 evaluation concluded that the psychological testing resulted in the diagnosis as major depressive disorder, moderate to severe anxiety disorder and recommended cognitive therapy. The treatment plan included 12 follow up visits with psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 follow up visits with psychologist: 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 completed an initial psychological evaluation with [REDACTED] on 12/4/14. In that report, [REDACTED] recommended 12 follow-up psychotherapy sessions. It appears that the request under review is based on [REDACTED] initial recommendation and is for an initial trial of 12 sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Given this guideline, the request for an initial 12 sessions exceeds the number of recommended sessions set forth by the ODG. As a result, the request for 12 psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for 6 initial psychotherapy sessions in response to this request.