

Case Number:	CM15-0048063		
Date Assigned:	03/20/2015	Date of Injury:	12/30/2009
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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:

The injured worker is a 41 year old female who sustained an industrial injury on 12/30/09. The injured worker reported symptoms of depression and mood swings. The injured worker was diagnosed as having major depressive disorder, anxiety, insomnia and dysfunctional uterine bleeding. Treatments to date have included selective serotonin reuptake inhibitor, muscle relaxant, antidepressant, oral pain medication and counseling. Currently, the injured worker complains of depression and mood swings. The plan of care was for psychotherapy sessions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, additional, Qty 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. 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 was initially evaluated by treating psychologist, [REDACTED], in August 2014 and began subsequent weekly psychotherapy for the next 6 months. It is estimated that the injured worker has completed at least 24 psychotherapy sessions to date. The ODG recommends a total of up to 13-20 psychotherapy sessions as long as CBT is being completed and there are objective functional improvements being made. Given the fact that the injured worker has already received more psychotherapy sessions than recommended, the request for additional services, especially an additional 24 psychotherapy sessions, is excessive. As a result, the request for an additional 24 sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 6 psychotherapy sessions in response to this request.