MAXIMUS Federal Services

Case Number:	CM15-0059039		
Date Assigned:	04/03/2015	Date of Injury:	12/20/2000
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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 68 year old male who sustained a work related injury December 20, 2000. He was crushed between a brick wall and a garbage truck, with serious crushing injuries. Past history included diabetes, failed popliteal artery repair and right above the knee amputation, December, 2000 open reduction and internal fixation of pelvis with multiple screws (original crush injury), January, 2001. According to a primary treating physician's progress report, dated February 13, 2015, the injured worker presented with complaints of right hip and neck pain, phantom pain in the amputated leg(right), and episodes of anxiety and depression. He has had increased problems with his prosthetic device, leading to problems with ambulation and fear of injury from possible fall. This has contributed to further social isolation and impairments with activities of daily living. Diagnoses included major depression, moderate to severe, with persecutory ideation; post-concussion syndrome; body dysmorphic disorder. Treatment plan included continue psychotropic medication, consultation with primary care physician, and requesting authorization for 26 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

26 psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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 ChapterCognitive therapy for depression;APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder - Continuation Phase (pgs. 56-57).

Decision rationale: Based on the review of the medical records, the injured worker has been receiving 26 psychotherapy sessions per year since February 2012. In the most recent PR-2 report submitted by treating psychologist, [redacted], the injured worker remains symptomatic and it is recommended that he begin another year of therapy. It is unclear as to why the injured worker has automatically been authorized 26 sessions per year as this information was unable to be found within the records. The PR-2 reports submitted by [redacted] fail to document any consistent progress of the treatment and there does not appear to have been changes in the treatment plan to accommodate the lack of consistent objective functional improvements. Additionally, it appears that the injured worker has continued to receive psychotherapy biweekly without any consistent attempts to decrease the services as is suggested by the APA. Given this information, the request for an additional 26 psychotherapy sessions over a year appears excessive and is not medically necessary.