

Case Number:	CM15-0082358		
Date Assigned:	05/04/2015	Date of Injury:	08/21/2014
Decision Date:	06/17/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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 47 year old male who sustained an industrial injury on 08/21/2014. Current diagnoses include major depressive illness-severe and possible post traumatic stress disorder-acute. Previous treatments included medication management, multiple right finger surgery, and hand therapy. Initial complaints included right hand crush injury. Report dated 12/12/2014 noted that the injured worker presented with complaints that included feeling overwhelmed, empty, hopeless, dark, and dreary. Mental status examination was positive for abnormal findings. The treatment plan included anti-depressants, individual psychotherapy, and psychological testing. Disputed treatments include individual psychotherapy times 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy sessions x 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy.

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 a psychiatric evaluation with treating psychiatrist, [REDACTED], in December 2014. In that report, [REDACTED] recommended follow-up psychiatric and psychological services. It appears that the injured worker began psychotherapy with [REDACTED] in March 2015. In her progress report dated 3/24/15, Ms. Contreras indicated that the injured worker had already completed 4 initial sessions of psychotherapy dated 3/3/15, 3/19/15, 3/26/15, and 3/24/15. The request under review is for an additional 12 sessions. The ODG recommends an "initial trial 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits" may be necessary. Although the injured worker has yet to demonstrate any consistent objective functional improvements and remains symptomatic, he continues to need additional services. Given the ODG recommendations, the request for an additional 12 sessions falls within the total number of sessions typically allotted. As a result, the request is medically necessary.