

Case Number:	CM15-0086101		
Date Assigned:	05/08/2015	Date of Injury:	10/06/2010
Decision Date:	06/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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 sustained an industrial injury on October 6, 2010. Previous treatment includes medications and cognitive behavioral therapy. Currently the injured worker complains of persistent pain, which interferes with her activities of daily living and her sleep. She reports feeling sad, lacks appetite and feels tired. She reports feeling nervous about her physical condition and financial circumstances. On examination, she appears sad, anxious, restless, tired and with body tension. The evaluating physician notes that she appears responsive to treatment and is in need of continued mental heal interventions for her current symptoms. Diagnoses associated with the request include major depressive disorder. The treatment plan includes continued cognitive behavioral individual psychotherapy, one session for nine weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 cognitive behavioral individual psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 psychological services from [REDACTED] and/or his supervisees to treat her psychiatric symptoms of depression and anxiety. Unfortunately, the submitted records from [REDACTED] fail to indicate the number of completed psychotherapy sessions to date nor the measurable progress that has been achieved via the completed sessions. The progress report dated 3/23/15 simply states, "Patient has made some progress towards treatment goals as evidenced by patient reports of improved mood and motivation with treatment." This statement is too vague and generalized and does not offer enough information. Without sufficient information to substantiate the need for additional treatment, the request for an additional 9 cognitive behavioral individual psychotherapy visits is not medically necessary.