

Case Number:	CM15-0095370		
Date Assigned:	05/21/2015	Date of Injury:	08/26/2008
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/18/2015

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 female with an industrial injury dated 8/26/2008. The injured worker's diagnoses include major depressive disorder, single episode, severe, insomnia sleep disorder due to major depressive disorder and female hypoactive sexual desire due to major depressive disorder. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 4/9/2015, the injured worker reported depression and ongoing pain in wrists. The injured worker reported that although she is getting partial response to medication she has ongoing symptoms of depression. Objective findings revealed sad/depressed mood, congruent affect with normal range and modulation, and an organized, logical and linear thought process. The treating physician reported that stabilization has been extremely difficult due to repeated denial of medication. The treating physician's treatment plan consisted of medication management and psychotherapy. The treating physician prescribed services for psychotherapy 12 visits now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 12 visits: 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 has been receiving psychiatric medication management services from [REDACTED] as well as psychotherapy services from an unknown provider. Although [REDACTED] recommended continued psychological services, there were no psychotherapy progress notes nor reports included for review. Without known the number of completed psychotherapy sessions to date nor whether the injured worker has achieved any progress or improvements from those sessions, the need for any additional psychotherapy cannot be determined. As a result, the request for 12 psychotherapy visits is not medically necessary.