

Case Number:	CM14-0129182		
Date Assigned:	08/18/2014	Date of Injury:	09/13/2007
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male with a date of injury of 09/13/2007. The date of the UR decision being disputed was 08/07/2014. The mechanism of injury was described as work-related stress secondary to working at a jail. A report dated 05/07/12 stated that the injured worker was attending psychiatric and psychotherapy treatment. A progress report dated 06/30/13 states that he reported experiencing poor sleep, flashbacks, anxiety, and depression. He was given diagnoses of adjustment disorder with mixed anxiety and depressed mood, insomnia type sleep disorder due to pain, male hypoactive sexual desire disorder due to pain and psychological factors affecting medical condition. A report dated 5/8/2014 indicated that the injured worker had completed 21 sessions of psychotherapy in 2013 and had attended four sessions so far in 2014. The current psychotropic medication regimen per the report dated 5/8/2014 included Zoloft 200 mg every morning; Aplenzin (bupropion) 522 mg every morning; and Clonazepam 1 mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 20 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23 and 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress, cognitive therapy for depression.

Decision rationale: It has been indicated that the injured worker has completed at least 25 sessions of psychotherapy so far. The Progress Report dated 5/8/2014 indicates that the injured worker attended 21 sessions of psychotherapy in 2013 and had attended four sessions so far in 2014. He has already exceeded the total number of sessions recommended per the guidelines. Thus, a request for additional 20 Psychotherapy sessions is excessive and not medically necessary.