MAXIMUS Federal Services

Case Number:	CM14-0173479		
Date Assigned:	10/24/2014	Date of Injury:	05/11/1994
Decision Date:	12/03/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/21/2014

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 Psychology 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 claimant is a 54 year-old female [redacted] with a date of injury of 5/11/94. The claimant sustained injury to her neck, right shoulder, and back as the result of a motor vehicle accident while working for [redacted]. In his PR-2 report dated 11/18/14, [redacted] diagnosed the claimant with: (1) Cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, with reverse lordosis, per radiographs; (2) Thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, with decreased lordosis with degenerative changes from L1 to L5, a decreased disc height at L2-L3 and slight calcification of the aorta, per radiographs; (3) Right shoulder periscapular sprain/strain; and (4) Left shoulder periscapular sprain/strain secondary to overcompensation. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. The claimant has been being treated with psychotropic medications by [redacted] and psychotherapy by [redacted] for the past several years and has a diagnosis of: (1) Major depressive disorder, moderate, non-psychotic, chronic; (2) Pain disorder associated with both psychological factors and a general medical condition; and (3) Panic disorder without agoraphobia. The requests under review are for additional psychotherapy sessions with both the BDI and BAI.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychotherapy sessions, once per week for 12 weeks: 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 APA practice guideline for the Treatment of Patients With Major Depressive Disorder Third Edition (2010) Maintenance phase

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Because this case deals with a chronic depressive disorder, the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder" will also be used.Based on the review of the medical records, the claimant has been receiving psychiatric and psychological services for many years with inconsistent progress/improvements. Based upon the PR-2 reports from both [redacted], the claimant's BDI and BAI scores have not improved much from April through October. In April 2014, the claimant was authorized for an additional 22 psychotherapy sessions. Given the amount of therapy already completed, it would be assumed that the claimant would be in the maintenance phase of treatment with a decrease in the number of sessions being completed over a longer duration. Given that the claimant has not been able to show consistent stability in her symptoms and the fact that she was given another 22 sessions in April, the request for an additional 12 sessions is excessive. There does not appear to be any changes in the treatment plan to accommodate the lack of progress as well. As a result, the request for "12 psychotherapy sessions, once per week for 12 weeks" is not medically necessary.

2 Beck anxiety inventory once per week for six weeks: 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

Decision rationale: The CA MTUS does not address the use of the BAI and neither does the ODG. As a result, the Official Disability Guideline regarding the BDI will be used as reference for this case. The request under review is for the administration of the BAI 2X over the period of 12 weeks (once every 6 weeks) and is to correspond to an additional 12 sessions of psychotherapy being requested. At this time, the claimant has received numerous psychotherapy sessions with the BAI being administered by either [redacted] at least every 6 weeks, sometimes sooner. The claimant's scores from the administered tests have not significantly improved in order to demonstrate progress and improvements from the services. As a result, additional sessions do not appear necessary and therefore, the request for an additional "2 Beck anxiety inventory once per week for six weeks" is not medically necessary.

2 Beck depression inventory once per week for six weeks: 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

Decision rationale: The CA MTUS does not address the use of the BDI therefore; the Official Disability Guideline regarding the use of the BDI will be used for reference for this case. The request under review is for the administration of the BDI 2X over the period of 12 weeks (once every 6 weeks) and is to correspond to an additional 12 sessions of psychotherapy being requested. At this time, the claimant has received numerous psychotherapy sessions with the BDI being administered by either [redacted] at least every 6 weeks, sometimes sooner. The claimant's scores from the administered tests have not significantly improved in order to demonstrate progress and improvements from the services. As a result, additional sessions do not appear necessary and therefore, the request for an additional "2 Beck depression inventory once per week for six weeks" is not medically necessary.