

Case Number:	CM14-0183771		
Date Assigned:	11/10/2014	Date of Injury:	09/06/1990
Decision Date:	12/15/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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 Illinois and Wisconsin. 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:

This is a 72 year old female who was injured in September of 1990. She apparently has had extensive psychotherapy and is on Dalmane. She has complaints of depression and anxiety and her psychiatric condition is considered as permanent and stationary. Her diagnosis is Adjustment Disorder. She has received extensive psychotherapy and is in monthly medication management even though she is not on any psychotropic medications. The provider has requested coverage for 20 additional psychotherapy visits. The request was denied by the previous reviewer due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for 20 weekly psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy; additional weekly sessions times twenty (20): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, behavioral interventions section ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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, Summary of Medical Evidence

Decision rationale: While it is not known how many therapy sessions, the patient was reported to have had "extensive psychotherapy" according to the records and the information submitted for review indicates several previous requests for 20 psychotherapy sessions. Nonetheless the records show no indication of progress and the patient's condition is considered as permanent and stationary. The ODG indicate up to 13-20 visits over 7-20 weeks if progress is being made, and up to 50 sessions in cases of severe depression or PTSD. Neither of the latter two conditions appears to be the case as the patient has been variously diagnosed with Adjustment Disorder and Major Depression, Moderate. Given the lack of evidence of progress with previous therapy it is clear that the 20 additional sessions are not warranted according to the evidence based guidelines cited above.