

Case Number:	CM13-0058899		
Date Assigned:	12/30/2013	Date of Injury:	07/22/2005
Decision Date:	02/28/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/25/2013

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 55 year old female injured worker suffered an industrial injury on 7/2/2005 when a co-worker accidentally struck her left leg above the ankle with a rack. She had multiple orthopedic surgeries over the years along with injections and physical therapies. She developed psychiatric symptoms of depression, anxiety, nightmares, passive suicidal ideation, poor sleep, difficulty concentrating, loss of interest in sex and forgetfulness, and was diagnosed with depressive disorder not otherwise specified. The QME exam on 4/14/2013 concluded the injured worker had become dependent on the psychotherapist, resulting in ineffective therapy and recommended being referred to a clinical psychologist. The visit on 8/30/2013 noted the injured worker to have moderate to high risk of suicidal ideation. The UR decision on 9/25/2014 modified the request for 6 sessions of individual psychotherapy to 3 sessions for the purpose of addressing termination issues and consolidate any gains she had already made. It was felt that the injured worker had extensive psychotherapy for several years and should have learned enough coping and pain management skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY 1X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, COGNITIVE BEHAVIORAL THERAPY (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Recommended. The identification and reinforcement of coping skills is.

Decision rationale: The patient's diagnosis is depressive disorder not otherwise specified. MTUS and ODG recommend CBT continuation if there is evidence of objective functional improvement. The patient had not demonstrated objective functional improvement as of the last records provided in 2013, and it was felt that she had learned coping and pain management skills at that point. On 12/22/14 in a peer review report a request for six CBT sessions was modified to three certified for purposes of termination. It is unknown if these sessions have been utilized to date. Therefore this request is noncertified.