

Case Number:	CM14-0166138		
Date Assigned:	10/14/2014	Date of Injury:	11/25/2009
Decision Date:	01/09/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Adult 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 61 year old female whose most recent DOI was February 2011. The patient has had complaints of anxiety, depression and sleep disturbance. She has apparently been seeing a psychologist every two weeks and at least 6 sessions have been approved. On or about July 16th of this year, psychological testing was done with the recommendation that the patient have 6 additional psychotropic medication management sessions and 12 additional psychotherapy sessions. The diagnosis was Adjustment Disorder with Depressed Mood. The previous reviewer denied coverage for the requested 12 sessions due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for 12 additional psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy (12-sessions, once every 2 weeks): 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 Pain Interventions and Treatments Page(s): 23.

Decision rationale: The above cited reference recommends 3-4 initial treatments over two weeks with a total of 6-10 treatments over 5-6 weeks with evidence of objective functional improvement. The patient has a GAF score of 61 indicating mild impairment and a diagnosis of adjustment disorder which is a mild self limited psychiatric condition. The records submitted do not indicate how many psychotherapy sessions she has had but it appears she has been in therapy for quite some time and according to the psychological testing report which was referenced above she has had at least 6 sessions authorized. Additionally the psychological testing report indicates benefit from past treatment but does not give any objective evidence of improvement. In any case the requested 12 visits over 24 weeks exceed the recommendation of the evidence based State of California MTUS and as such this request is not medically necessary.