

Case Number:	CM14-0193982		
Date Assigned:	12/01/2014	Date of Injury:	10/07/2009
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/19/2014

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 a licensed Psychologist, 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 58 year-old male (██████████) with a date of injury of 10/7/09. The injured worker sustained internal injuries as he severed the nerves to his bladder and sphincter in his spine when he fell off a ladder while working for the ██████████. The injured worker has been receiving psychotherapy services from psychologist, ██████████. The request under review is for an additional 12 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 12 One Hour Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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 and APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder Third Edition 2010.

Decision rationale: The CA MTUS does not address the treatment of depression nor anxiety therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. In his 11/6/14 "Psychological Consultation Report", ██████████

██████████ provides relevant and convincing evidence to support the injured worker's need for additional services. Although neither the number of completed sessions nor the frequency of those sessions was reported within the report, the 10/6/14 "Psychological Consultation Report" indicates those sessions is occurring "approximately once a month." The APA guideline indicates that in the maintenance treatment of depression, sessions are typically tapered and decreased in frequency, which helps maintain stability. Given the injured worker's continued physical condition and limitations and the influence they have on his mental well-being, the monthly psychotherapy sessions appear to keep him from decompensating and allow him to continue some of the activities that are beneficial to him. As a result, the request for additional "Psychotherapy 12 One Hour Sessions" is medically necessary.