

Case Number:	CM14-0214461		
Date Assigned:	01/07/2015	Date of Injury:	03/23/1981
Decision Date:	02/24/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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
 Certification(s)/Specialty: Psychologist

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 (IW) is a 51 year-old female [REDACTED] with a date of injury of 3/23/1981. The IW sustained injuries to her neck, right shoulder, and arm as the result of engaging in repetitive movements as part of her normal and customary job duties while working for the [REDACTED]. The IW also developed psychological symptoms secondary to her work related orthopedic injuries. She has been receiving both psychological and psychiatric services for the past several years to treat these symptoms. She has been diagnosed with: Adjustment disorder, mixed anxiety and depression; Major depressive disorder, single episode, moderate; Insomnia-type sleep disorder due to pain; Female hypoactive sexual desire disorder due to pain; and Psychological factors affecting medical condition. It is reported that the IW has completed at least 32 psychotherapy sessions for which an additional 20 sessions are being requested and are under current review.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 additional sessions of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Cognitive therapy for depression

Decision rationale: The IW has been receiving psychological and psychiatric services for several years to treat her psychiatric symptoms. She has completed at least 32 psychotherapy sessions. The ODG recommends a total of up to 20 psychotherapy sessions as long as CBT is being offered and there are objective functional improvements being demonstrated. Given that the IW has already completed numerous sessions, the request for an additional 20 psychotherapy sessions appears excessive as it does not offer a reasonable amount of time for reassessment and it exceeds the ODG recommendations. Therefore this request is not medically necessary.