

Case Number:	CM15-0009356		
Date Assigned:	01/27/2015	Date of Injury:	06/23/2014
Decision Date:	03/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 injured worker is a 52 year old female, who sustained an industrial injury on June 23, 2014. He has reported a mental psyche issue. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood, work stress. Treatment to date has included medications. Currently, the IW complains of stress, feeling overwhelmed, and anxious. She reported difficulty concentrating and functioning. On January 12, 2015, Utilization Review non-certified psychotherapy sessions (minutes) as needed, quantity #60, based on ACOEM and ODG guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of psychotherapy sessions (minutes) as needed, quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Sessions (Minutes) as needed Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits. Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The request for Psychotherapy Sessions (Minutes) as needed Qty 60 exceeds the guideline recommendations for psychotherapy treatment indicated for depression. The request is not medically necessary as the injured worker has been diagnosed with adjustment disorder with mixed anxiety and depressed mood, work stress and does not even have a major affective disorder for which an initial trial of psychotherapy would be indicated.