

Case Number:	CM15-0010948		
Date Assigned:	01/28/2015	Date of Injury:	01/13/2009
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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
 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 is a female who sustained an industrial related injury on 1/13/09 after being struck by a car. The injured worker had complaints of lumbar spine pain. Diagnoses included disc degeneration of the lumbar spine and cervical spine, she was status post lumbar spine surgery, and status post total knee replacement. Prescriptions included Bupropion, Lexapro, Zyrtec, Lovastatin, Dexilant, Aspirin, Zolpidem, Meloxicam, Oxycontin, and Quinine. A psychologist's report noted the injured worker was worried about her future health and ability to function. Anxiety, low tolerance for frustration, generalized fear, internalized anger, increased irritability, impatience, and insecurity were noted. A single severe major depressive episode was the diagnosis. The treating physician requested authorization for 8 additional psychotherapy sessions. On 12/23/14 the request was modified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and Official Disability Guidelines. The UR physician noted the injured worker appeared to have exceeded the 10 individual psychotherapy sessions recommended by the MTUS guidelines. The request was modified to certify 4 additional sessions only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy eight (8) additional sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological treatments. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress Chapter-Cognitive therapy for depression

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the limited psychological records submitted, the injured worker has been receiving psychotherapy services from Dr. [REDACTED]. There were two separate PR-2 reports submitted, dated 6/23/14 and 8/26/14. It is assumed that there were further sessions through December 2014 however, there were no recent reports included for review. Neither PR-2 report documented the number of completed sessions to date nor any objective functional improvements from the completed sessions. Without this information, particularly regarding more recent services, the request for additional treatment cannot be determined. As a result, the request for an additional 8 psychotherapy sessions is not medically necessary.