

Case Number:	CM15-0012841		
Date Assigned:	01/30/2015	Date of Injury:	12/01/2014
Decision Date:	03/27/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/22/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported injury on 12/01/2014. The mechanism of injury was not included. Her diagnoses included anxiety and major depressive disorder. The clinical note dated 01/02/2015 documented the injured worker had been harassed at work, asked by her supervisor to spy on people. She received verbal abuse, bullying, and harassment. The injured worker reports having difficulty sleeping, dreads going to work, feels depressed and anxious. The injured worker reported having shortness of breath, increased heart rate, cold hands, and other symptoms of autonomic instability when feeling anxious. She occasionally becomes confused when feeling anxious or under stress. She described irritability, feelings of restlessness, difficulty sleeping, and difficulty falling asleep. She reports a decrease in appetite, loss of energy, anger and angry outbursts, no longer enjoying previously enjoyed activities; difficulty having concentration. She was prescribed escitalopram and Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) psychological sessions 1 monthly for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Illness, Cognitive behavioral therapy (CBT)

Decision rationale: The request for Twelve (12) psychological sessions 1 monthly for 12 months is not medically necessary. The California MTUS guidelines state psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The Official Disability Psychotherapy Guidelines: 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 Official Disability Guidelines recommend 13 to 20 visits over 7 to 20 weeks. In cases of severe major depressive or PTSD, more sessions if progress is being made are recommended. While the request for 12 psychological sessions, 1 monthly for 12 months, may seem reasonable; the guidelines recommend more visits over a shorter amount of time. Therefore, the request for 12 psychological sessions, 1 monthly for 12 months, is not medically necessary.