

Case Number:	CM15-0018190		
Date Assigned:	02/06/2015	Date of Injury:	06/03/1996
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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 injury 06/03/1996. On provider visit dated 12/18/2014 the injured worker has reported headaches and vertigo and fears of having a brain tumor. The diagnoses have included major depressive disorder recurrent episode, anxiety, and pain disorder associated with psychological factors and general medical conditional chronic, opioid dependence and nicotine dependence. Treatment to date has included therapy and medications. Treatment plan included addition 16 sessions of weekly of CBT (cognitive behavioral therapy). On 01/15/2015 Utilization Review non-certified 16 additional sessions of psychotherapy. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

sixteen additional sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 medical records, the injured worker continues to experience symptoms of depression secondary to her work-related orthopedic injuries and chronic pain. She has been participating in psychotherapy with [REDACTED] over the past 2 years with some benefits. In her "Utilization Review Appeal Letter", [REDACTED] presents relevant and appropriate information regarding prior treatment and the injured worker's need for additional treatment. Unfortunately, given the number of already completed sessions, the request for an additional 16 sessions without any reassessment appears excessive. As a result, the request for an additional 16 sessions of psychotherapy is not medically necessary.