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| Case Number: | CM15-0019077 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 08/31/2014 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 02/02/2015 |

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 58 year old female, who sustained an industrial injury on 8/31/14. On 2/2/15, the injured worker submitted an application for IMR for review of Cognitive Behavioral Psychotherapy Trial 6 Sessions. The treating provider has limited medical documentation but the evaluation reports the injured worker complained of depression and anxiety as a result of chronic pain related to changes in life style. The diagnoses have included depressive disorder NOS, generalized anxiety disorder, psychological factors affecting medical condition. Treatment to date was not included in the medical documentation submitted. On 1/12/15 Utilization Review MODIFIED Cognitive Behavioral Psychotherapy Trial 6 Sessions to FOUR TRIAL SESSIONS. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy Trial 6 Sessions: 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression

Decision rationale: According to UR and the RFA submitted from [REDACTED], the injured worker is diagnosed with depressive disorder NOS, Generalized anxiety disorder, and Psychological factors affecting medical condition. Unfortunately there were no psychological records included for review to confirm this diagnosis nor offer any information about the injured worker's need for additional psychological services. As a result of insufficient information, the request for an initial trial of 6 psychotherapy visits is not medically necessary. It is noted that the injured worker received a modified authorization of 4 initial psychotherapy visits in response to this request.