

Case Number:	CM15-0019497		
Date Assigned:	02/09/2015	Date of Injury:	10/19/2012
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
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 35 year old female, who sustained an industrial injury on 10/19/12. She has reported anxiety related to harassment at work. The diagnoses have included anxiety and depression. Treatment to date has included psychotherapy and oral medications. As of the PR2 dated 1/8/15, the injured worker reported that she was stable on current medications. The treating physician requested continued psychotherapy x 12 sessions. On 1/16/15 Utilization Review modified a request for continued psychotherapy x 12 sessions to continued psychotherapy x 6 sessions. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and psychological treatment. On 1/22/15, the injured worker submitted an application for IMR for review of continued psychotherapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Psychotherapy QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy

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 PTSD

Decision rationale: Based on the review of the medical records, the injured worker has been diagnosed with Acute stress disorder and Anxiety disorder, NOS. It appears that the injured worker was initially evaluated by [REDACTED] in December 2012, but did not begin individual psychotherapy until September 2013. The most recent psychological record is dated October 2014. It is unclear from the records, particularly this report, as to how many psychotherapy visits have been completed to date. Additionally, there is limited information regarding the injured worker's objective functional improvements made from the completed sessions. The ODG recommends a total of up to 13-20 psychotherapy visits as long as there is documentation that CBT is being completed and there is evidence of objective functional improvements. Without this information, the need for additional psychotherapy visits cannot be fully determined. As a result, the request for an additional 12 sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 6 visits in response to this request.