

Case Number:	CM15-0112283		
Date Assigned:	06/18/2015	Date of Injury:	10/03/2007
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/10/2015

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 61 year old female, who sustained an industrial injury on 10/03/2007. She has reported subsequent and was diagnosed with pain disorder with general medical condition and psychological factors, chronic pain syndrome and post-traumatic stress disorder. Treatment to date has included medication and psychotherapy visits. In a progress note dated 06/04/2015, the injured worker complained of ongoing sleep disturbance, depression and anxiety. Objective findings were notable for limited range of motion of the right upper extremity secondary to pain and an anxious and tearful appearance. A request for authorization of 6 individual psychotherapy sessions was submitted for depression, anxiety and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy Qty: 6: Overturned

Claims Administrator guideline: The Claims Administrator 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.

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; cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an AME in psychology with [REDACTED] in January 2014. In this initial report, [REDACTED] recommended follow-up psychological and psychiatric services. However, the injured worker did not receive those subsequent services. In his supplemental AM report of December 2014, [REDACTED] reiterated his initial recommendations. Based on these recommendations, the injured worker finally received a psychological consultation with [REDACTED] on 2/12/15. In her report, [REDACTED] recommended follow-up psychological treatment including individual therapy and group therapy as well as a psychiatric medication consult. The injured worker was authorized for an initial 6 psychotherapy sessions, which commenced on 2/19/15. There are only 3 progress notes included for review dated 2/19/15, 2/23/15, and 3/3/15. It is assumed that the remaining 3 sessions were completed prior to the request under review, which appears to be for an additional 6 psychotherapy sessions. Although there is missing documentation regarding the remaining 3 sessions as well as limited information within the submitted notes, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." It further suggests that "the provider should evaluate symptoms improvement during the process, so treatment failures can be identified early and alternative strategies can be pursued is necessary." Utilizing this guideline, the request for an additional 6 sessions, despite the paucity of information related to completed sessions, appears reasonable. As a result, the request for an additional 6 individual psychotherapy sessions is medically necessary. It is suggested that future PR-2 reports indicate the number of completed sessions as well as detailed information about progress or accommodations made as a result of limited improvements.