

Case Number:	CM15-0114598		
Date Assigned:	06/22/2015	Date of Injury:	02/22/2011
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury on 2/22/11. He subsequently reported depression and anxiety. Diagnoses include Insomnia and major depressive disorder. Treatments to date include psychotherapy and prescription medications. The injured worker continues to experience depression and insomnia. Upon examination, it was noted that psychotherapy benefits the injured worker by helping to stabilize feelings of depression through cognitive/behavioral therapy techniques such as cognitive re-framing, assertiveness training, motivational interviewing and relaxation training. A request for Individual psychotherapy one session per week for 20 weeks to maintain and prevent recurrent episodes was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy one session per week for 20 weeks to maintain and prevent recurrent episodes: Upheld

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 & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress and Mental illness Topic: Cognitive therapy for depression.

Decision rationale: Initial trial of 6 visits and 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). The submitted documentation suggests that the injured worker has been authorized for 6 sessions of psychotherapy so far out of which at least 2 have been completed. Continuation of psychotherapy treatment is based on evidence of objective functional improvement from prior treatment. Based on the lack of this information, the request for individual psychotherapy one session per week for 20 weeks to maintain and prevent recurrent episodes is excessive and not medically necessary.