

Case Number:	CM15-0116181		
Date Assigned:	06/24/2015	Date of Injury:	07/27/2007
Decision Date:	07/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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 49 year old female, who sustained an industrial injury on 7/27/2007. She reported falling backwards onto her back. Diagnoses have included post-laminectomy syndrome, chronic pain syndrome, lumbar radiculitis and major depression. Treatment to date has included medication. Psychotherapy treatment consisted of cognitive behavioral techniques, coping skills training and techniques to help the injured worker improve her self-confidence. According to the progress report dated 5/20/2015, the injured worker had completed an additional twelve psychotherapy sessions to treat her depressive disorder. The injured worker stated that she did not want to see a psychiatrist; she was receiving Zoloft through her family physician. The injured worker was noted to have functioned well enough to complete her studies at college; however, she remained depressed. Authorization was requested for psychotherapy sessions, two visits a month for eight months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions 2 visits per month for 8 months: 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), Pain Chapter, Behavioral interventions section, Cognitive behavioral therapy (CBT) guidelines for chronic pain.

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

Decision rationale: Based on the review of the medical records, the injured worker has received psychological services intermittently since 2012, including individual and group psychotherapy, biofeedback, and hypnotherapy sessions. Most recently, she completed 12 individual psychotherapy sessions with [REDACTED], LCSW. In his 5/20/15 report, [REDACTED] was able to document the progress and improvements that the injured worker has made as a result of her treatment with [REDACTED]. He also referenced [REDACTED] February 2015 AME report in which additional treatment was recommended including biweekly sessions for 8 mos. The request under review is based upon [REDACTED] recommendation. In the treatment of depression, the ODG recommends up to "13-20 sessions over 7-20 weeks (individual sessions), if progress is being made." It further suggests that; "The providers should evaluate symptoms improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, the ODG recommends; "Up to 50 sessions if progress is being made." However, the Pt does not appear to struggle with severe depression at this time, as she was recently able to graduate from Palomar College and is unwilling to seek a psychiatric medication management consultation. Since the Pt has already completed 12 recent psychotherapy sessions, the request for an additional 16 sessions not only exceeds the number of total sessions as recommended by the ODG, but exceeds the duration of time for which the sessions are to occur. As a result, the request for psychotherapy session 2 visits per month for 8 months is not medically necessary.