

Case Number:	CM15-0118638		
Date Assigned:	07/01/2015	Date of Injury:	05/22/2008
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 65 year old female sustained an industrial injury to the neck, left shoulder, bilateral wrist and low back via cumulative trauma from 8/99 to 5/22/08. The injured worker received ongoing psychological and psychiatric care. Special psychological progress reports dated 1/23/14, 4/24/14 and 10/28/14 indicated that the injured worker was receiving ongoing psychiatric care and weekly individual psychotherapy as well as cognitive behavioral therapy and group therapy bimonthly. In a psychiatric interim report dated 4/21/15, the physician noted that the injured worker was stabilized with current medications. Her memory had improved with treatment. Current medications included Sertraline, Pristiq, Namenda XR, Seroquel, Lidoderm patches and Pennsaid gel. Current diagnoses included severe major depression and psychological factors affecting medical condition. The treatment plan included follow-up in 1-2 months and continuing psychotherapy. In a psychological progress report dated 4/20/15, the injured worker continued to report severe cognitive impairment, memory loss and poor concentration. The physician noted that the injured worker was unable to function at full capacity due to her depression, orthopedic injuries and cognitive impairment. The physician stated that the injured worker had regressed due to a period of lack of psychotropic medications in October 2014. The injured worker had restarted her medications at the time of the exam; however, the physician stated that the re-stabilization process was gradual. The treatment plan included continuing individual psychotherapy once a week and group therapy twice a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued individual cognitive behavioral therapy 1x/week x 4 weeks/month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral interventions.

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: Based on the review of the medical records, the injured worker has been receiving psychiatric and psychological services for the past several years. In the most recent progress report/letter from treating [REDACTED], the injured worker has made some progress following a regression that occurred in October 2014 due to a lack of psychotropic medications. Despite the regression and subsequent improvement, the injured worker has already received an abundance of individual and group therapy services in excess of the guidelines. "In cases of severe Major Depression or PTSD", the ODG recommends "up to 50 sessions if progress is being made." Although the number of completed sessions is not known as it was not found within the records, the injured worker has far exceeded 50 sessions between the individual and group therapy visits she has completed. As a result, the request for an additional 4 individual sessions is not medically necessary.

Continued Group Therapy 2x/month: 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 and 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) Mental Illness and Stress Chapter; Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric and psychological services for the past several years. In the most recent progress report/letter from treating [REDACTED], the injured worker has made some progress following a regression that occurred in October 2014 due to a lack of psychotropic medications. Despite the regression and subsequent improvement, the injured worker has already received an abundance of individual and group therapy services in excess of the guidelines. "In cases of severe Major Depression or PTSD", the ODG recommends "up to 50 sessions if progress is being made." Although the number of completed sessions is not known as it was not found within the records, the injured worker has far exceeded 50 sessions between the individual and group therapy visits she has completed. As a result, the request additional group therapy session is not medically necessary.