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| Case Number: | CM15-0120666 | | |
| Date Assigned: | 07/01/2015 | Date of Injury: | 01/15/2010 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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 50 year old female, who sustained an industrial injury on 1/15/2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include secondary depressions and anxiety. Treatments to date include Cymbalta, Neurontin and Nucynta, and cognitive psychotherapy. Currently, she complained of increased physical symptoms influencing self-esteem and negative self-thoughts. She was observed as tearful and depressed, due to increased physical symptoms of pain and decreased physical function. On 4/9/15, the physical examination documented that psychotherapy sessions seem to be effective as demonstrated by appearing less depressed and anxious, improved concentration and recalling event more effectively. Functional improvement was noted as evidenced by increased activity and social engagement. The dose of Cymbalta was increased from 60mg to 90mg daily. The plan of care included twelve (12) additional psychotherapy sessions, one a week. The appeal request was to authorize sixteen (16) psychotherapy sessions, one a week, from the 3/4/15 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1x16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological treatment Page(s): 19-23.

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 psychological services from [REDACTED] since 2013 for an unknown number of individual and group sessions. The most recent progress note from March 2015 indicates that the injured worker has made progress, but still requires additional treatment. For the treatment of depression, the ODG recommends "up to 13-20 visits" and "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Although some progress has been made according to progress notes, the number of completed sessions to date is not known. Without more information, the need for additional treatment, especially an additional 16 sessions, cannot fully be determined. As a result, the request for psychotherapy 1X16 is not medically necessary.