

Case Number:	CM15-0122014		
Date Assigned:	07/06/2015	Date of Injury:	06/15/2011
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/24/2015

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 48 year old female, who sustained an industrial injury on 6/15/2011. Diagnoses have included anxiety disorder not otherwise specified and depressive disorder not otherwise specified. Treatment to date has included psychotherapy. According to the progress report dated 5/5/2015, the injured worker was trying hard to do better. Anxiety was improved and she could stay in a room with people a little longer. She was still anxious and depressed. Objective findings revealed slow improvement. Psychotherapy was helping. Authorization was requested for individual psychotherapy weekly times ten and psychiatric consultation for medications monthly times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy weekly x ten (10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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 behavioral therapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in December 2014 and received follow-up psychological services for an unknown number of sessions. The most recent PR-2 reports fail to note the number of completed sessions to date. According to the UR determination letter, the injured worker has completed 14 sessions. Although the PR-2 reports fail to note the number of sessions, the injured worker's progress has been documented. It appears that the injured worker has been able to make improvements and was able to return to work as a result of a decrease in symptoms. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Assuming that the injured worker has received a total of 14 sessions to date, the request for an additional 10 sessions exceeds the total number of sessions set forth by the ODG. As a result, the request for an additional 10 weekly individual sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 sessions in response to this request.

Psychiatric consultation for medications monthly x six (6): 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, Office visits.

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: Office visits.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services with [REDACTED] since December 2014. It appears that a psychiatric consultation was authorized however, the notes were not found within the submitted medical records. Based on the injured worker's symptoms, a medication consultation is reasonable. However, the request for 6 office visits appears excessive as the need for additional visits depends on the medications being prescribed, the continuation of symptoms, etc. As a result, the request for 6 monthly psychiatric consultations is not medically necessary. It is noted that the injured worker received a modified authorization for one psychiatric consultation in response to this request.