

Case Number:	CM15-0123742		
Date Assigned:	07/08/2015	Date of Injury:	05/16/2009
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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 27 year old female, who sustained an industrial injury on 5/16/2009. The mechanism of injury was wringing out wet towels. The injured worker was diagnosed as having major depressive disorder, chronic pain and status post left wrist surgery. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/14/2015, the injured worker complains of increased symptoms of depression. Physical examination showed a dysphoric mood with a sad and intermittently tearful affect. The treating physician is requesting psychotherapy 1 time a week for 1 month, then bi-weekly for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 time a week for 1 month, then bi-weekly for 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 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 participated in psychotherapy with [REDACTED] between 2011-2013. She recently experienced an exacerbation of psychiatric symptoms including depression and anxiety secondary to her orthopedic injury and chronic pain. As a result, she was authorized and completed a re-evaluation with [REDACTED] on 5/14/15. In his report, [REDACTED] recommended an initial 4 weekly sessions with biweekly follow-up visits for an additional 3 months, for which the request under review is based. For the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for 10 visits (4 weekly and 6 biweekly) appears reasonable. Therefore, the request for psychotherapy 1 time a week for 1 month, then biweekly for 3 months is medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 4 sessions in response to this request.