

Case Number:	CM15-0129001		
Date Assigned:	07/15/2015	Date of Injury:	11/09/2005
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year-old female who sustained an industrial injury on 11/09/05. Initial complaints with diagnoses are not available. Current diagnoses include generalized anxiety disorder. Treatments to date have included psychotherapy, activity modifications, and antidepressant/anxiety/antipsychotic medication management. In a progress note dated 05/19/15, the treating physician reports she is entirely compliant and cooperative with all treatment recommendations and to follow-up in 4 weeks. No other progress documentation is available. Requested treatments include psychotherapy sessions with LCSW, weekly times 12 weeks and reassess. The injured worker is under temporary total disability. Date of Utilization Review: 06/04/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions with LCSW, weekly times 12 weeks and reassess: Upheld

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 Cognitive therapy for depression <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom 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, up to 50 sessions if progress is being made. The patient underwent 21 sessions of psychotherapy without evidence of functional improvement. Therefore, the request for additional psychotherapy sessions is not medically necessary.