

Case Number:	CM15-0171816		
Date Assigned:	09/21/2015	Date of Injury:	11/05/2010
Decision Date:	11/03/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 52 year old female, who sustained an industrial injury on 11-5-2010. The medical records indicate that the injured worker is undergoing treatment for depression and anxiety. According to the progress report dated 6-7-2015, the injured worker complains of continued fatigue. "I am tired all the time". She continues to experience difficulty in her ability to "think". She presents with poor concentration and decision-making. She also experiences low self-esteem in regards to her continued disability and the change in her body image. She is withdrawing from her usual routines and tends to over-do and then not be able to function. She reports poor sleep and ongoing feelings of anxiety and depression. Per the objection findings, she continues to experience depression, anxiety, and sleep disturbance. She also feels helpless regarding her pain. She had another surgery on her right foot in February. This led to an increase in her depression and anxiety. The continual pain wears her down and she is very fatigued. The current medications are not specified. Treatment to date has included cognitive behavioral therapy. Per notes, she continues to work hard in her sessions and is applying skills that are being taught. Therapy continues to focus on helping her to better rate her level of pain, setting realistic boundaries for herself and for others, and learning to accept her new body image and improving her coping with her depression and anxiety with her ongoing pain and disabilities. Her progress is steady. Work status is described as temporarily totally disabled. The original utilization review (8-10-2015) partially approved a request for 2-3 individual psychotherapy sessions per month for 1 Year #20 (original request was for #26).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 2-3 Times per Month for 1 Year 26 Sessions Total Starting 10-1-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

Decision rationale: MTUS is silent regarding this issue. ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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." Upon review of the submitted documentation, it is suggested that the injured worker is undergoing treatment for depression and anxiety and has completed several psychotherapy sessions since the injury. The psychotherapy progress notes indicated diagnosis of Adjustment disorder. The total number of sessions are unknown but there are about 10 psychotherapy progress notes available for review. Per guidelines, the recommendations for psychotherapy includes an initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The request for Individual Psychotherapy 2-3 Times per Month for 1 Year 26 Sessions Total Starting 10-1-14 exceeds the guideline recommendations for up to 20 sessions and thus is not medically necessary.