

Case Number:	CM15-0077885		
Date Assigned:	04/29/2015	Date of Injury:	04/30/2003
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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 57 year old male who sustained an industrial injury on 04/30/2003. Current diagnoses include anxiety disorder and depressive disorder. Previous treatments included medication management, and cognitive behavioral therapy. Report dated 02/12/2015 noted that the injured worker presented with complaints that included sleep, energy, concentration, memory, emotional control, and stress tolerance impairments. Objective findings were consistent with subjective findings. The treatment plan included requests for additional psychotherapy and medications. Disputed treatments include psychotherapy 1 time per week for 6 weeks.

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 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

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 participating in group psychotherapy with [REDACTED]. However, in his most recent PR-2 report dated 2/12/15, there is no indication of the number of completed group psychotherapy sessions and there is no identified progress made. In fact, the PR-2 report is identical to the 10/30/14 report. Both reports indicate that the injured worker has "plateaued" and that "no further improvement is expected." It is also reported that continued treatment is to maintain stability for the injured worker. Due to the lack of information about the completed services to date, the need for an additional 6 weekly psychotherapy sessions cannot be determined. Additionally, continued weekly sessions appears excessive and not in line with maintenance therapy. As a result, the request is not medically necessary.