

Case Number:	CM13-0006085		
Date Assigned:	08/27/2013	Date of Injury:	02/21/2007
Decision Date:	01/13/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services.

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 claimant is a 50 year-old female [REDACTED] with a date of injury of 2/2/07. According to the medical records, the claimant has been diagnosed with numerous medical issues including: livedo reticularis; orthopedic condition; antiphospholipid antibody syndrome; gastropathy; neurocognition difficulties; right hemcranial headaches; right shoulder impingement syndrome; left-sided weakness; and a history of TIA's. Additionally, she has been diagnosed by [REDACTED] with (1) major depressive disorder, with prominent anxiety symptoms, chronic, not in remission; and (2) Pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy two (2) times a month times three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The medical records indicate that the claimant received psychological services from a previous provider; however, due to that provider retiring, the claimant has not received services for over one year. As a result, the services with [REDACTED] can be considered initial services. The Official Disability Guidelines suggest that for the cognitive treatment of

depression, "an initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. The request for psychotherapy 2X/month for 3 months does not follow the guidelines cited above. As a result, the request for psychotherapy 2X/month for 3 months is not medically necessary. It is suggested that the claimant initially attend weekly sessions for the first 6 weeks as set forth by the guidelines.