

Case Number:	CM13-0008101		
Date Assigned:	12/11/2013	Date of Injury:	05/15/2011
Decision Date:	02/28/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neuropsychology, and is licensed to practice in Colorado and Texas. 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 physician 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Submitted records included a Request for Treatment Authorization prepared by [REDACTED] including a request for 10 sessions of cognitive behavioral psychotherapy with a clinic therapist. A psychological evaluation was completed on the same date which was July 1, 2013. In the clinical history, it was noted that the patient was a delivery driver who injured his right shoulder in 2008. Pertinent to this review, it was noted by [REDACTED] that the patient had significant pre-existing psychological/psychiatric problems including a diagnosis of mental illness including manic-depression/bipolar disorder, PTSD, learning disability, and a history of substance abuse. Comprehensive psychological testing was performed. The only measure with symptom validity measures administered was the MMPI-2. It was noted that the patient performed poorly on the symptom validity scales, although the specific validity scale scores were not provided in the report. It was noted that the patient performed so poorly that his MMPI-2 was essentially invalid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) Sessions of Psychotherapy on weekly basis ([REDACTED] report dated 07/01/2013):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain. Additionally, ODG Psychotherapy Guidelines

Decision rationale: Psychological testing was completed and provided evidence of symptom magnification, malingering, or poor cooperation. It appears clinically unlikely that the patient would benefit from the proposed treatment of 10 sessions of individual psychotherapy.