

Case Number:	CM13-0008755		
Date Assigned:	10/11/2013	Date of Injury:	08/03/2009
Decision Date:	01/14/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/09/2013

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 Psychiatry 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 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:

This is a 49-year-old woman who has been injured. She has significant orthopedic injury as detailed in the records provided. She has a history of past psychiatric treatment. She has worked in information technology but now has a job, which she has at times found to be far less satisfying involving video editing. She has engaged in psychotherapy with good results. Specifically the reports of her psychotherapy in the records provided indicate that in terms of depression, the patient reports decreased feelings of sadness, fatigue, low self-esteem, a loss of pleasure participating in usual activities, and a lack of motivation. She reported that she has been sleeping better, which has contributed positively to her mood improvement. She continues to see a psychologist, Dr. [REDACTED] and is quite pleased with her treatment. In terms of anxiety, the patient reports decreased symptoms of nervousness, shortness of breath, heart palpitations, a sense of dread or doom, feelings of insecurity and health worries.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 psychotherapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation and Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: The CA MTUS Chronic Pain Treatment guidelines clearly state that psychotherapy (especially Cognitive Behavioral Therapy) are often very effective in helping to manage pain. It would be reasonable to recommend certification for four psychotherapy sessions to see if the psychotherapy is specifically helpful for the management and reduction of pain for this patient. This patient has responded favorably to psychotherapy. Specifically the reports of her psychotherapy in the records provided indicate that in terms of depression, the patient .reports decreased feelings of sadness, fatigue, low self-esteem, a loss of pleasure participating in usual activities, and a lack of motivation. She reported that she has been sleeping better, which has contributed positively to her mood improvement. She continues to see a psychologist, Dr. [REDACTED] and is quite pleased with her treatment. In terms of anxiety, the patient reports decreased symptoms of nervousness, shortness of breath, heart palpitations, a sense of dread or doom, feelings of insecurity and health worries. Because the patient was benefitting so greatly in terms of decreased distress, it is recommended that 20 sessions of psychotherapy by certified.