

Case Number:	CM13-0011639		
Date Assigned:	09/23/2013	Date of Injury:	04/23/2008
Decision Date:	07/23/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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. 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:

The patient is a 54-year-old male who sustained a work related injury in April of 2008. Evidently he slipped and fell striking his head and has had residual pain since. He has a psychiatric diagnosis of mood disorder secondary to a general medical condition. He has had multiple cognitive therapy sessions. The medications include venlafaxine 37.5mg daily, Wellbutrin 450mg daily and lorazepam as needed. The provider has requested 24 "medication management and psychotherapy sessions." The request has been modified based on medical necessity to six (6) medication management and psychotherapy sessions. This is an independent review for medical necessity for the unmodified request for 24 medication management and psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TIMES TWENTY-FOUR (24) SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The MTUS/ACOEM indicates that "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." There is insufficient data to indicate whether the treatment plan is in accordance with this guidelines and not enough documentation regarding the severity of the patient's symptoms to establish that the requested 24 sessions is warranted. As such, the medical necessity for more than the approved visits is not supported by the documentation provided. The request for psychotherapy times twenty-four (24) sessions is not certified.