

Case Number:	CM13-0013886		
Date Assigned:	03/19/2014	Date of Injury:	06/16/2005
Decision Date:	04/14/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/20/2013

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 Psychologist and is licensed to practice in 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 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 68-year-old female who reported an injury on 06/16/2005. The mechanism of injury was not provided for review. The patient's treatment history included ongoing psychiatric care. The patient's most recent clinical documentation dated 08/01/2013 noted the patient was using medications to include Celexa 20 mg, Ativan 1 mg, and Lunesta 3 mg. The clinical evaluation documented the patient's depression is variable with inability to fall asleep right away. The patient's diagnoses included adjustment disorder with mixed anxiety and depression, insomnia-type sleep disorder due to pain, female hypoactive sexual desire disorder due to pain, and psychological factors affecting medical condition. A request was made for additional psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY VISITS QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

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

Decision rationale: The requested individual psychotherapy visits QTY: 4 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that continued psychotherapy be based on documentation of functional benefit and objective and subjective improvements. The clinical documentation submitted for review was provided very limited information about the patient's psychological status, progression in treatment, and specific examples of increases in coping mechanisms. Therefore, the effectiveness of the patient's current treatment plan cannot be determined. As such, the requested individual psychotherapy visits QTY: 4 is not medically necessary.