

Case Number:	CM13-0014279		
Date Assigned:	06/09/2014	Date of Injury:	12/11/2011
Decision Date:	07/22/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/14/2013

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. 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:

This is a 35 year old male who was injured in December of 2011. It appears that he has had residual upper back and left shoulder pain. Clinical information is somewhat sparse but it appears he is on Wellbutrin and Xanax. Apparently he has been seeing a psychologist since prior to January 2013 but it is not clear how many sessions he has had, the initial reason for the visit or his current status. A report from May of last year indicate that he was doing well and a final 6 sessions were being requested for the purpose of terminating therapy. A request for 6 sessions was modified to 4 sessions from 8/5/2013-6/30/2014. The report from the therapist at that time indicated that the patient's mood was stable and that he was dealing with vocational issues. This represents an appeal of the denial of coverage for the provider's original request for 6 psychotherapy sessions from 8/5/2013-6/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X6 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments, page 23 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress.

Decision rationale: The indication for the request is not clear. The MTUS indicate an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks for chronic pain. ODG recommends up to 13-20 visits over 20 weeks if progress is being made and up to 50 visits in cases of severe Major Depression or PTSD. There is no evidence that any of the latter conditions apply and the patient was described as stable at the time of the request. While it is not known how many therapy sessions he has had, the records submitted indicate that he has had more than 10 for a period of over a year and a half. Thus the request is clearly outside the number of sessions recommended by the MTUS and beyond the defined brief time parameters indicated by both cited guidelines. As such the unmodified request does not appear to be consistent with current clinical research, evidence based best practice standards and expert consensus as set forth in the State of California MTUS and the ODG.