

Case Number:	CM13-0016358		
Date Assigned:	11/06/2013	Date of Injury:	12/31/2005
Decision Date:	01/29/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice 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 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:

The current request is not supported. Review of the clinical documentation submitted evidences the patient has utilized multiple individual psychotherapy sessions; however, duration and clear efficacy of treatment were not evidenced in the clinical notes reviewed. Psychiatrist [REDACTED] documents the patient presents with posttraumatic stress disorder complaints. California MTUS indicates initial trial of 3 to 4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks. Given the lack of documentation evidencing the patient's course of treatment with psychotherapy interventions as far as efficacy of treatment, duration and frequency, the request for psychotherapy is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. Review of the clinical documentation submitted evidences the patient has utilized multiple individual psychotherapy sessions;

however, duration and clear efficacy of treatment were not evidenced in the clinical notes reviewed. Psychiatrist [REDACTED] documents the patient presents with posttraumatic stress disorder complaints. California MTUS indicates initial trial of 3 to 4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks. Given the lack of documentation evidencing the patient's course of treatment with psychotherapy interventions as far as efficacy of treatment, duration and frequency, the request for psychotherapy is not medically necessary or appropriate.