

Case Number:	CM13-0018380		
Date Assigned:	11/06/2013	Date of Injury:	04/15/2005
Decision Date:	01/07/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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 Psychology 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.

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 claimant is a sixty three year-old male with the date of birth - [REDACTED] with dates of injury of 1/23/04 and 4/15/05. According to the reports by [REDACTED], the claimant has several medical diagnoses involving his back, shoulder, hip, and ankle. Psychiatric diagnoses provided by neuropsychologist, [REDACTED], include cervical pain and adjustment disorder with mixed emotional features (depression, anxiety, and frustration).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1 x week (unknown duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Based on the review of the medical records, it appears that the claimant would benefit from cognitive behavioral therapy; however, the request for individual psychotherapy one time per week remains vague. It does not indicate the modality of psychotherapy to be used, it fails to provide a length of time for services, and it does not indicate a number of sessions requested. According to the CA MTUS regarding the psychological treatment of pain, it is recommended that an "initial trial of 3-4 psychotherapy visits over 2 weeks" be provided and "with evidence of objective functional improvement, total of up to 6-10

visits over 5-6 weeks (individual sessions)" may be necessary. Given the lack of information submitted with the request, the request for individual psychotherapy sessions one time per week is not medically necessary.