

Case Number:	CM13-0024726		
Date Assigned:	11/20/2013	Date of Injury:	05/30/2004
Decision Date:	01/02/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 licensed 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 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.

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 58 year-old male (DOB 5/9/55) with a date of injury of 5/30/04. According to Dr. [REDACTED]'s most recent psychological treatment update dated 7/17/13, the claimant is diagnosed with a pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

four individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cognitive Behavioral Therapy.

Decision rationale: The claimant has been receiving psychotherapy services from Dr. [REDACTED] since the claimant's initial evaluation in 2010. In his last psychological treatment update dated 7/17/13, Dr. [REDACTED] indicates that the claimant completed seven psychotherapy sessions from 4/17/13-7/16/13. Although he stated that the claimant "has greatly Final Determination Letter for IMR Case Number CM13-0024726 3 benefitted from his involvement in psychotherapy," Dr. [REDACTED] failed to provide any evidence of objective evidence of the previous improvement. The CA MTUS guidelines for the psychological treatment of pain suggests "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 (individual sessions)" may be necessary. The claimant has far exceeded these guidelines and has not demonstrated any evidence of objective functional improvements based on his participation in psychotherapy. As a result, the request for four additional psychotherapy sessions is not medically necessary.