

Case Number:	CM13-0025577		
Date Assigned:	03/14/2014	Date of Injury:	01/01/2004
Decision Date:	05/02/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/17/2013

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 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 60-year-old female who reported an injury on 01/01/2004. The mechanism of injury was not stated. The patient is diagnosed with anxiety disorder and insomnia secondary to pain and depression. The patient was recently seen by [REDACTED] on 06/28/2013. The patient reported anger, anxiety, phobic avoidance, preoccupation, appetite disturbance, depression, diminished energy, sleep disturbance, social withdrawal, impaired concentration, irritability, low self-esteem and periods of crying. Findings on examination included agitation, anger, anxiousness, confusion, depression, impaired concentration and physical discomfort. Treatment recommendations at that time included additional psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY ONCE A WEEK FOR 24 SESSIONS (6 MONTHS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Guidelines utilize the ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an 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 may be appropriate. As per the documentation submitted, the patient has participated in ongoing psychotherapy. Despite ongoing treatment, the patient continues to report multiple psychiatric complaints. There was no evidence of objective functional improvement. Furthermore, the current request greatly exceeds guideline recommendations. Therefore, the request is non-certified.