

Case Number:	CM13-0027077		
Date Assigned:	12/11/2013	Date of Injury:	06/17/2013
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 patient is a 43-year-old female who reported an injury on 09/01/2009. The patient was reportedly injured while working as a discharge planning assistant at the [REDACTED] when she sustained a trip and fall. As a result, the patient injured her right ankle, back, neck, and both shoulders that resulted in utilization of a physical therapist and a chiropractor. Subsequently, the patient was on her way to a chiropractic appointment in 11/2009 when she was involved in a motor vehicle accident. Although injured, the patient was noted to have the greatest current problems as emotionally based. The patient, as of 08/22/2013, continues to experience plenty of personal stress through her job and this work related injury from 09/01/2009. The personal stress resulted in a mental breakdown at work on 06/17/2013. The patient was submitted to a Workers' Compensation claim for her right wrist and psychological injury. The patient underwent a psychological evaluation on 08/06/2013, 08/15/2013, and 08/22/2013. The patient was seen again in 09/2013 for an evaluation regarding her neck, shoulder, and low back. On that date, the patient stated she still has a lot of ongoing depression and was even tearful in the office on that date. She does deny any suicidal ideations, and reportedly had another psychologist agreed Medical Evaluation with a [REDACTED] coming within the next few weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 16 sessions, one (1) time a week: 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), Mental Illness & Stress Procedure Summary last updated 5-13-13.

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

Decision rationale: Under California MTUS Guidelines, they refer to the Official Disability Guidelines behavioral interventions guidelines. It states that the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. In the case of this patient, the physician has requested 16 psychotherapy sessions without evidence of the patient having undergone previous sessions with documented evidence of improvement. Therefore, although the patient would benefit from psychotherapy, with the request exceeding maximum allowance per CA MTUS/ODG guidelines for psychotherapy sessions, the requested service cannot be warranted and is non-certified.