

Case Number:	CM13-0027304		
Date Assigned:	03/14/2014	Date of Injury:	09/02/2012
Decision Date:	06/11/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry 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. 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 an employee of [REDACTED] and has submitted a claim for post traumatic stress disorder associated with an industrial injury date of September 2, 2012. Treatment to date has included physical therapy for the right shoulder. Medical records from 2013 were reviewed and showed that the patient has undergone treatment for the right shoulder. There was very limited information obtained from 10 page medical record submitted, which consist mostly of citation of guidelines. Utilization review dated September 10, 2012 denied the request for 15 cognitive behavioral psychotherapy. Reasons for the denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 COGNITIVE BEHAVIORAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Behavioral Interventions, American College of Occupational and Environmental Medicine (ACOEM), (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Integrated Treatment/Disability Duration Guidelines (DDG) - Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,101.

Decision rationale: As stated on page 101 of CA MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. In this case, there was very limited information regarding the patient's condition from the medical record submitted. There was insufficient evidence to support an underlying psychological problem. Indication for psychotherapy was also not discussed. Moreover, the request of 15 sessions exceeds the recommendation of 3-4 visits of initial psychotherapy. Therefore, the request for 15 cognitive behavior psychotherapy is not medically necessary.