

Case Number:	CM13-0027565		
Date Assigned:	03/14/2014	Date of Injury:	07/25/2003
Decision Date:	04/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine 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 anxiety associated with an industrial injury date of July 25, 2003. Utilization review from September 4, 2013 denied the request for emotional support 10-12 sessions due to no indication of any objective functional benefit from previous "emotional support". Treatment date has included antidepressants, anxiolytics, and pain medications. Medical records from 2013 were reviewed showing that the patient complains of constant nonradiating neck pain, constant ankle pain, and bilateral shoulder pain. The patient is seeing a rheumatologist for fibromyalgia. The patient is seeing a psychiatrist and has been partaking in emotional support sessions with no documented outcomes regarding these sessions. Mental status exam demonstrated no red flag signs. The patient indicated that her mood is low. There were no reported side effects from the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMOTIONAL SUPPORT 10-12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG COGNITIVE BEHAVIORAL THERAPY GUIDELINES ([HTTP://WWW.ODG-TWC.COM/ODGTWC/PAIN.HTM](http://www.odg-twc.com/odgtwc/pain.htm)), AND THE ODG PSYCHOTHERAPY GUIDELINES ([HTTP://ODG-TWC.COM/ODGTWC/PAIN/HTM](http://odg-twc.com/odgtwc/pain/htm)).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that behavioral interventions are recommended. The Guidelines also indicate that the identification and reinforcement of coping skills is more useful in the treatment of pain and then ongoing medication or therapy. In this case, the patient has been attending previous emotional support sessions. However, there is no documentation concerning objective functional improvement, such as improved activities of daily living or improved work functions. A specific timeline or number of visits completed to date was not outlined. Therefore, the request for emotional support sessions is not medically necessary.