MAXIMUS Federal Services

Case Number:	CM13-0032131		
Date Assigned:	12/04/2013	Date of Injury:	07/06/2011
Decision Date:	01/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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 physician 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 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:

On August 15, 2011 the patient experienced physical and emotional pain per reports. The patient injured her neck and back September 25, 2006 while taking a child into protective custody, and having to lift the child into a car seat. She called in sick to work the following day and reported her injury. She was referred to industrial medicine and diagnosed with a "neck sprain." Soma was prescribed. She returned to work with restrictions. Restrictions were not accommodated by her employer. Her musculoskeletal pain increased. She had sleep problems and many psychosocial stressors. Under review is a request for weekly psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data institue, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Stress/Mental.

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

Decision rationale: These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder.

Although, at one point in the records provided, the patient states she thinks she may have Post Traumatic Stress Disorder, there is no diagnosis of Post Traumatic Stress Disorder. The number of psychotherapy sessions being requested is not specified, implying a request for unlimited psychotherapy into perpetuity. An unlimited number of psychotherapy sessions exceeds the guideline and as such is not medically necessary per MTUS.