

Case Number:	CM13-0032419		
Date Assigned:	03/28/2014	Date of Injury:	04/08/2011
Decision Date:	04/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation 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 a 37-year-old female who reported an injury on 04/08/2011. The mechanism of injury was not stated. The patient is diagnosed with major depressive disorder and psychological factors affecting medical condition. The patient was recently seen by [REDACTED] on 10/31/2013. The patient reported marked/significant depression. Objective findings were not provided. Treatment recommendations included weekly cognitive behavioral psychotherapy. A request for authorization was then submitted on 10/31/2013 by [REDACTED] for 1 psychotherapy session per week for 20 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TREATMENT, 1 SESSION PER WEEK FOR 20 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines and ODG-TWC Mental Illness & Stress Procedure Summary.

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

Decision rationale: California MTUS Guidelines utilize 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. The current request for 20 sessions of psychotherapy greatly exceeds guideline recommendations. It is also noted that the patient has participated in weekly cognitive behavioral therapy sessions since 06/2013. The patient continues to report marked/significant depression. There is no evidence of objective functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.