

Case Number:	CM13-0032505		
Date Assigned:	12/11/2013	Date of Injury:	01/20/2003
Decision Date:	02/10/2014	UR Denial Date:	09/27/2013
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 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 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 49 year old male who reported an injury on 01/20/2003. The patient is diagnosed with major depressive disorder, psychological factors affecting medical condition, and pain disorder. The patient was seen by [REDACTED] on 09/30/2013. Objective findings included depression, variable tearfulness, and insecurity. Treatment recommendations included weekly cognitive behavioral psychotherapy, medication, biofeedback therapy, and telephone consults, as well as related psychiatric and social services.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 weekly psychotherapy sessions: 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) Psychotherapy Guidelines.

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

Decision rationale: California MTUS Guidelines state behavioral therapy is recommended. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines, which allow an initial trial of 3 psychotherapy visits to 4 psychotherapy visits over 2 weeks. The patient

has previously participated in psychotherapy sessions. While the clinical information submitted for review documents ongoing psychological symptoms, a review of the available progress reports does not reveal significant objective improvement resulting from the completed psychotherapy. Additionally, the current request exceeds guideline recommendations for an initial trial of 3 psychotherapy visits to 4 psychotherapy visits. Based on the clinical information received, the request is non-certified.