

Case Number:	CM13-0033502		
Date Assigned:	12/06/2013	Date of Injury:	08/15/2006
Decision Date:	02/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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 a licensed Doctor of Psychology and is licensed to practice in Texas. 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 71-year-old male who reported injury on 08/15/2006. The mechanism of injury was not provided. The patient was noted to have panic attacks and flashbacks with intrusive thoughts related to events during his employment with the [REDACTED]. The patient's diagnosis was noted to include adjustment disorder with mixed anxiety and depressed mood, chronic, and related the patient's GAF at 54. The patient was noted to currently experience anxiety and remain depressed. The request was for 20 individual sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy treatment, 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Psychotherapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits.

Decision rationale: CAMTUS Guidelines recommend cognitive behavioral therapy for up to 6 visits to 10 visits over 5 weeks to 6 weeks. The patient was noted to be in therapy since prior to 2010. The patient was noted to have experienced anxiety and remain depressed, have panic

attacks at times and flashbacks and intrusive thoughts, be depressed and demoralized about the loss of employment and physical limitations, and difficulty sleeping. The clinical documentation indicated the patient had a good July. The clinical documentation submitted for review failed to indicate there was a necessity for 20 sessions of therapy and failed to provide objective data to indicate the patient was receiving benefit from the therapy that was provided. The request for weekly psychotherapy treatment, 20 sessions would exceed guidelines and there is a lack of documentation indicating the number of sessions the patient has participated in. Given the above, the request as submitted for weekly psychotherapy treatment, 20 sessions is not medically necessary.