

Case Number:	CM13-0034641		
Date Assigned:	12/11/2013	Date of Injury:	07/07/2011
Decision Date:	01/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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.

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 52-year-old female who reported a work related injury on 07/07/2011, as a result of strain to the cervical spine, left shoulder, and low back. The patient was subsequently rendered maximum medical improvement as of 04/27/2012. The clinical note dated 10/06/2013 reports a requested supplemental medical report by provider [REDACTED]. The provider documents the patient's course of recent treatment of psychiatric/psychological symptoms and complaints to include depression, sleep disturbance, tiredness, anger, and anxiety. The provider documents concurrence with 2 other treating providers of the patient who report the patient is currently unable to return to her customary duties at this time due to psychiatric reasons as work would cause aggravation of psychological based experience of physical pain with consequent increased anxiety and depression. Authorization was recommended for completion of 4 months of weekly psychotherapy sessions to utilize psychoeducational, cognitive behavioral, and pain management techniques aimed directly at assisting the patient to integrate and positive form her view of the world, of herself, and of others with current physical state thus diminishing her vulnerability to stress and her decreasing connection between psychological tension and physical symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (weekly sessions x 4 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for Chronic Pain

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

Decision rationale: The Physician Reviewer's decision rationale: The clinical notes failed to evidence support for the requested interventions at this point in the patient's treatment. The clinical documentation submitted for review documents the patient underwent a psychological consultation on 07/30/2013 by [REDACTED]. The provider subsequently recommended weekly individual psychotherapy for the patient x4 months. Where individual psychotherapy may be appropriate for this patient; excessive weekly sessions for 4 months is not supported via guidelines. The request is excessive in nature as California MTUS Guidelines support an initial trial of 3 to 4 sessions of psychotherapy with up to 10 visits with evidence of objective functional improvement. In addition, it is unclear how many sessions of psychotherapy the patient has completed to date and efficacy of treatment. Given all the above, the request for Psychotherapy (weekly sessions x 4 months) was not medically necessary nor appropriate.