

Case Number:	CM13-0036349		
Date Assigned:	12/13/2013	Date of Injury:	08/24/2009
Decision Date:	04/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 Connecticut and New York. 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:

The patient is a 68-year-old woman with a date of industrial injury 8/24/2009. The patient is requesting psychotherapy to "learn how to manage depression and cope with her chronic pain." She sustained her injury when picking up a child for a fire drill and has since felt pain in her back and knee. She is having difficulty moving on in her life due to anxiety and depression related to the pain from which she still suffers. She has had multiple psychotherapy sessions thus far, at least twelve (12), without any noticeable relief of symptoms or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Medical Psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 and 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Depression.

Decision rationale: The Chronic Pain Guidelines recommends three to four (3-4) cognitive behavioral therapy (CBT) visits over two (2) weeks, and then with evidence of functional

improvement, a total of up to six to ten (6-10) visits over five to six (5-6) weeks. The Official Disability Guidelines recommend six (6) visits of CBT over six (6) weeks, and then with functional improvement, a total of up to thirteen to twenty (13-20) visits over thirteen to twenty (13-20) weeks. The patient has until this point received at least twelve (12) psychotherapy sessions over the past year, without much overall functional improvement. Without significant overall functional improvement having been achieved thus far, further sessions cannot be recommended.