

Case Number:	CM13-0037017		
Date Assigned:	12/13/2013	Date of Injury:	08/13/2005
Decision Date:	04/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice 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 48-year-old male who reported injury on 08/13/2005. The mechanism of injury was noted to be a crushing injury to the foot. The patient was noted to have 5 approved psychotherapy visits. The patient's diagnoses were noted to include major depression, mild severity, and pain discomfort associated with both physical and psychological factors. The documentation of 06/28/2013 revealed the patient was seen for individual cognitive behavioral psychotherapy, and the patient's mood was labile and affect was near tears. Subjectively, the patient complains of worry, numbness and tingling, muscle weakness, easy distraction, forgetfulness, and depression, as well as the patient indicated they were overwhelmed by stress and anxious feelings. It was indicated the patient was less motivated to write his poetry. The patient indicated that they found meaning in daily interactions with his daughter and her husband and newborn baby. The request was made for individual psychotherapy 1 time a month for 6 months

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY 1XMO X6 MOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines indicate that there can be an individual trial of psychotherapy for 3 visits to 4 visits, and with evidence of objective functional improvement, a total of up to 6 visits to 10 visits for over 5 weeks to 6 weeks. The clinical documentation submitted for review indicated the patient had been approved for 5 psychotherapy visits. However, there was a lack of documentation of objective functional improvement to support ongoing therapy. Given the above, the request for individual psychotherapy 1XMO X6 MOS is not medically necessary.