

Case Number:	CM13-0037089		
Date Assigned:	02/12/2014	Date of Injury:	08/09/2013
Decision Date:	04/28/2014	UR Denial Date:	10/08/2013
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 44-year-old female who reported an injury on 08/01/2013. The patient was reportedly verbally attacked, threatened, intimidated, and harassed by a lead pharmacist. The patient is currently diagnosed with anxiety, depressive disorder, and work stressors. The patient was seen on 09/19/2013. The patient reported psychological stress as well as symptoms of anxiety, chest pain, and shortness of breath, headaches, insomnia, low energy, inability to concentrate, shaking, and sweating. The patient demonstrated no issues with fine or gross motor coordination. The patient's affect was appropriate and mood appeared dysphoric. The patient scored a 23 on the Beck Depression Inventory, indicating a moderate range of depression. The patient scored a 34 on the Beck Anxiety Inventory, indicating a severe range of anxiety. Treatment recommendations at that time included 6 to 8 sessions of ongoing psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT PSYCHOTHERAPY SESSIONS WITH DIAGNOSTIC ASSESSMENTS, ANXIETY AND DEPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks, including individual sessions may be appropriate. Although the patient does report moderate to severe depression and anxiety, the current request for 8 sessions of psychotherapy exceeds guideline recommendations. Therefore, the request is non-certified.