MAXIMUS Federal Services

Case Number:	CM13-0039194		
Date Assigned:	12/18/2013	Date of Injury:	12/19/2006
Decision Date:	03/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 California. 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:

This is a 45 year old female. On 12/09/2006 she was injured at work. She developed sharp pain and numbness into her left hand. She began treating using her health insurance as her employer would not provide treatment. Eventually, her employer became involved and she received treatment including left elbow, ulnar nerve decompression on 11/12/07. She did not improve and received additional treatment. She is eventually sent to [redacted] orthopedist for an AME evaluation with future medical on 07/10/2012. She has had extensive mental health treatment including inpatient psychiatric hospitalization and medication management. She has responded positively to psychotherapy with increased function documented. Under review is the medical necessity of six psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy QTY: 6.00: Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: There is evidence from the records provided that the patient has had psychotherapy and has had functional improvement as a result: "3/4/13. Depressive and anxious symptoms. Suicidal ideation was assessed. The patient denied a plan to harm herself. The therapist NT applied CBT techniques, provided supportive psychotherapy, and applied relaxation exercises to which the patient responded well." In this case, the previous positive experience with psychotherapy serve as the trial of psychotherapy. The six sessions being respected then fall within the CA MTUS CPMTG guidelines. As such, six psychotherapy sessions are medically necessary.