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| Case Number: | CM13-0044081 | | |
| Date Assigned: | 02/20/2014 | Date of Injury: | 05/20/2012 |
| Decision Date: | 04/25/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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 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:

According to the records provided for this independent medical review, this patient is a 26 year old female who was injured on May 20th 2012 when she experienced a work related injury after falling approximately 7 feet off a ladder, hitting her head. She had been on a ladder at the back of school bus when a driver put it into reverse unexpectedly knocking her under the bus. The patient reports having nightmares occurring once or twice a month regarding bus driving that leave her sweating and gasping for air, and she also has an acute startle response when she hears the sound of a bus going into reverse Although she reports feeling sad about what has happened to her life since the accident, she denies depression, suicidal thinking, and panic attacks One month after the fall she began to have numbness and shaking type experiences on her left side of her body and she reports pain in her left shoulder, left knee, her wrist, and low back pain; with pain on much of her left side of the body and lower extremities. A request for psychotherapy, 8 visits was determined to be not medically necessary, and that decision is the subject of this independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY (8 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental and Stress Chapter, Psychotherapy

Decision rationale: The MTUS guidelines regarding the use of psychotherapy in the treatment the chronic pain are very specific in that they stated that initial set of 6 sessions can be authorized and if there is documented objective functional improvement that resulted from this initial 6 session then more treatment can be offered for a total of up to 13 to 20 visits over 13 to 20 weeks. These additional sessions are completely contingent on documented evidence of objective functional improvement. After a careful and comprehensive review of 217 pages of her medical file, it is somewhat unclear if this request was an initial request or a secondary one; but based on progress notes that I was able to locate, it appears in all likelihood this patient has had an initial course of 6 psychotherapy sessions and this was a request for 8 additional sessions. Without a summary of these initial sessions outcome, namely if there was any objective functional improvements made and if so what they are, an additional block of 8 treatment sessions for a total of 14 cannot be approved. There is a note on June 12, 2013 at the patient has begun using begun started her treatment of psychotherapy for a diagnosis of post-traumatic stress disorder note: states that she has used one of six approved visits and has improved from the initial time, but this improvement was not specified in any manner. There was also a note that she had her 6th session but this also was not informative. It will be essential for any further sessions to be authorized that clear documented functional improvement or provided. The request is upheld in the decision to overturn it is not approved.