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| Case Number: | CM13-0047920 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 12/11/2003 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology, 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 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 45-year-old male who reported an injury on 12/11/2003. The mechanism of injury was not specifically stated. The patient is diagnosed with major depressive disorder and psychological factors affecting medical condition. The patient was seen by [REDACTED] on 10/31/2013. The patient reported persistent pain and ongoing stress. Objective findings included increased sleep disturbance. Treatment recommendations included continuation of psychotherapy and current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy one (1) time a week for twenty (20) weeks: 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 based on Non-MTUS Citation (ODG) Official Disability Guidelines- Cognitive-Behavioral Therapy (CBT).

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 may be appropriate. As per the documentation submitted, the patient has previously participated in greater than 20 sessions of psychotherapy. Documentation of objective functional improvement was not provided. Additionally, the current request for 20 sessions of psychotherapy greatly exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.