

Case Number:	CM13-0049019		
Date Assigned:	12/27/2013	Date of Injury:	03/29/2008
Decision Date:	03/20/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation 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 52-year-old female who reported an injury on 03/29/2008. The patient was reportedly injured when her left toes became stuck between shopping carts. The patient is currently diagnosed with depressive psychosis. The patient was recently seen by [REDACTED] on 10/07/2013. The patient reported improved mood and motivation with group psychotherapy and medication. The patient also reported sadness, nervousness, stress, and persistent pain. The patient continued to report sleep disturbance and frustration. The objective findings included sad and anxious mood, apprehensiveness, bodily tension, poor concentration, and restlessness. Treatment recommendations included cognitive behavioral group psychotherapy sessions once per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment as indicated by a psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition, California MTUS guidelines, web-based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, and Psychological evaluations Page(s): 23 and 100-101.

Decision rationale: The Chronic Pain Guidelines indicate that psychological evaluations are generally accepted, well-established, diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The guidelines allow for an initial trial of three to four (3 to 4) psychotherapy visits over two (2) weeks. As per the documentation submitted, the patient has previously participated in psychotherapy. Despite ongoing therapy, the patient has continuously reported persistent pain, sleep difficulty, nervousness, excessive worries, apprehension, depression, and stress. Documentation of significant functional improvement following ongoing treatment has not been provided. The medical necessity for the requested ongoing psychiatric treatment has not been established. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.