

Case Number:	CM13-0051676		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2008
Decision Date:	06/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine, and is licensed to practice in Illinois. 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 injured worker is a 46-year-old male who reported an injury on 09/25/2008. The mechanism of injury was not stated. Current diagnoses include major depressive disorder and anxiety disorder. A request for authorization was submitted on 10/23/2013 for 6 additional sessions of cognitive behavioral. The injured worker was evaluated on 10/21/2013. It is noted that the injured worker continues to suffer from major depressive disorder and anxiety disorder. Mental status examination was not provided on that date. The injured worker reported worsening of symptoms. It is also noted that the injured worker has reached maximum medical improvement from a psychological standpoint, and has been given a GAF score of 65. Treatment recommendations at that time included 6 additional sessions of cognitive behavioral psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PSYCHOTHERAPY (ONCE A WEEK): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state cognitive behavioral therapy is recommended. The Chronic Pain Medical Treatment Guidelines utilize ODG Guidelines 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. The total amount of psychotherapy sessions completed to date was not mentioned. Despite ongoing psychotherapy, the injured worker continues to report worsening symptoms. The injured worker continues to suffer from major depressive disorder and anxiety disorder. There is no evidence of objective functional improvement that would warrant the need for ongoing psychotherapy. As such, the request for six sessions of psychotherapy (once a week) is not medically necessary.