MAXIMUS Federal Services

Case Number:	CM13-0052599		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2009
Decision Date:	04/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 Psychology, 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:

The patient is a 28-year-old who sustained a work-related injury on May 15, 2009. The patient walked into a freezer and got up on a stool, lost balance and landed on the right side. On June 1, 2012, the patient was diagnosed with depressive disorder not otherwise specified, pain disorder associated with both psychological factors and a general medical condition, malingering, personality disorder not otherwise specified with dependent and depressive traits, and mild mental retardation, and given a GAF of 58. On July 15, 2012, she was diagnosed with lumbar disc disorder and cervical, thoracic, right rotator cuff strains and developed a chronic pain syndrome. At some point during her pain treatment she apparently became addicted to opioids and was referred to a detoxification treatment program, following which she was placed on methadone maintenance. During treatment the patient was pregnant and her child was delivered on May 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 20 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, COGNITIVE BEHAVIORAL THERAPY

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

Decision rationale: There is no medical evidence that the patient attended any cognitive behavioral therapy sessions and the request for 20 sessions exceeds the recommended total number of sessions for an initial trial of psychotherapy. The request for twenty sessions of cognitive behavioral therapy is not medically necessary and appropriate.

PROSPECTIVE REQUEST FOR 1 PSYCHOPHARMACOLOGICAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL HEALTH AND STRESS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) MENTAL ILLNESS & STRESS, INITIAL THERAPY

Decision rationale: Although there is indication that the patient is in need of a psychiatric/psychopharmacological evaluation, due to reported ongoing symptoms of depression and anxiety secondary to chronic pain, the medical records indicate that one psychopharmacological evaluation between June 7 and December 15, 2013, was approved on October 24, 2013. The request for one psychopharmacological evaluation is not medically necessary or appropriate.