

Case Number:	CM13-0052922		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2013
Decision Date:	03/13/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Psychologist 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 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 54-year-old male who reported an injury on 08/19/2013 due to continuous trauma which resulted in emotional stress. The patient underwent a psychiatric evaluation on 10/25/2013 that concluded the patient experienced psychological distress related to unstable co-worker disregarded by management. The patient underwent cognitive behavioral therapy. The most recent therapy note dated 11/11/2013 reported that the patient had made no progress with the current treatment which was focused in the area of anger management. The patient's diagnoses included Adjustment disorder with mixed features to include anxiety and depression, obesity, and binge/purge behavior. The patient's treatment plan included continuation of individual psychotherapy and referral to an internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2008, pgs. 1062-1067

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression

Decision rationale: The requested 12 sessions of psychotherapy are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do recommend the use of cognitive behavioral therapy for patients with emotional stress. Official Disability Guidelines recommend up to 20 sessions of physical therapy be based on a 3 to 4 visit clinical trial of cognitive therapy that provides significant functional benefit. The clinical documentation submitted for review does indicate that the patient has not had any significant progress as a result of the patient's current treatment plan. Therefore, continuation would not be supported. As such, the requested 12 sessions of psychotherapy are not medically necessary or appropriate.