

Case Number:	CM13-0053024		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2009
Decision Date:	05/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 injured worker is a 56-year-old female who reported an injury on 07/18/2009. The mechanism of injury was the injured worker was attacked and kick on the neck, back, and head by a combative patient. The documentation of 11/29/2013 revealed the injured worker needed a psychological and neurosurgery consultation. The diagnoses were sciatica and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy for initial treatment of 3 to 4 psychotherapy visits over 2 weeks. There was no clinical documentation submitted for review to support the necessity for psychotherapy sessions. There was no DWC Form RFA or PR-2 supporting the request with the exception of the date 11/29/2013. The request as submitted failed to indicate the quantity of follow-up psychotherapy sessions that were being requested and the injured worker's response to

the prior treatments. Given the above, the request for follow-up psychotherapy sessions is not medically necessary.