

Case Number:	CM13-0054265		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2007
Decision Date:	05/02/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/21/2013

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 licensed in Psychology, 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 54-year-old female who reported an injury on 8/14/07. The mechanism of injury involved repetitive work activity. The injured worker is diagnosed with depressive disorder, anxiety disorder, and insomnia. The injured worker was seen by [REDACTED] on 10/2/13. She reported sadness, social isolation, appetite changes, nervousness, difficulty concentrating, tension, dizziness, fears, apprehension, shortness of breath, sleep difficulty, gastrointestinal disturbances, and chronic pain. Objective findings included a depressed affect, memory difficulty, poor concentration, preoccupation, anxiousness, sadness, nervousness, tension, and apprehension. Treatment recommendations included 12 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:

GROUP MEDICAL PSYCHOTHERAPY ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

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

Decision rationale: The California MTUS guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. Although the injured worker does maintain diagnoses of depression, anxiety, and insomnia, the current request for 12 sessions of psychotherapy greatly exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate, and is non-certified.