

Case Number:	CM13-0054956		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2011
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice 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 38-year-old female who was reported to have a cumulative psych injury from 06/2007 through 07/2011 which the patient felt was due to a hostile and stressful work environment and lack of support from her management. She is noted to have been re-evaluated on 12/07/2013 by [REDACTED] and at that time the injured worker was reported to complain of her neck pain, shoulder and clavicle pain, back pain, left knee pain and swelling, right ankle pain and swelling, left upper extremity pain radiating from the neck, bladder and kidney discomfort, stomach pain, headaches, insomnia, depressive symptoms and anxiety. The injured worker is reported to have improved with less depression and anxiety. She is noted at that time to be taking Wellbutrin which she believed was helping. The physician noted the injured worker underwent Initial Psychological Panel Medical Evaluation on 06/27/2011 as well as a re-evaluation on 02/12/2013 and that re-evaluation on 11/07/2013 he reported that the case remained very complex and the injured worker was noted at that time to have been again diagnosed with adjustment disorder with mixed anxiety and a depressed mood and a pain disorder with psychological factors, a personality disorder not otherwise specified which contributed to the prolongation and severity of distress as well as her reactivity. She felt at that time the injured worker had not reached the status of maximum medical improvement as thus far, the injured worker had only experienced a modest level improvement. The physician that medication management should continue for another 6 months but noted her psychotherapeutic treatment with [REDACTED] should be discontinued as the previous treatment the injured worker had received had been appropriate and necessary as well as sufficient and the injured worker's condition. The physician noted had not significantly worsened although there had been some deterioration as a result of the failed attempt to return to work it was believed that this would be temporary and situational. It was felt that the applicant would likely benefit from an additional 6

sessions to debrief about recent events and provide some containment for her psychological distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X 20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Odg-Twc Mental Illness & Stree

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

Decision rationale: The injured worker is reported to have sustained a cumulative injury from 06/2007 through 07/2011 due to working in a hospital stressful environment and lack of support from her management. She is reported to have ongoing complaints of depression and anxiety although she is reported to be taking Wellbutrin, which she has reported to be helping. She has noted on 11/07/2013 to have undergone a Panel Qualified Medical Evaluation in Psychology and at that time the physician noted that the injured worker had had more than sufficient individual Final Determination Letter for IMR Case Number CM13-0054956 4 psychotherapy and felt that it should be discontinued although she did recommend 6 sessions to allow for debriefing due to current recent traumatic events. As such, the California MTUS Guidelines recommend no more than 6 to 10 visits of individual psychotherapy over 5 to 6 weeks with evidence of objective functional improvement. Given the injured worker's seeming lack of significant improvement with extensive individual psychotherapy in the past and the findings of the Panel Qualified Medical Re-evaluation on 11/07/2013, the request for an additional 20 sessions of individual psychotherapy is not indicated and does not meet the guideline recommendations.