

Case Number:	CM13-0055032		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2010
Decision Date:	03/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 53 year old female who reported injury on 08/09/2010. The mechanism of injury was noted to be the patient was standing on the side of her vehicle holding a 5 gallon bucket of merchandise with her left hand when she reached with her right hand to close the rear hatch of her vehicle and crushed her thumb between the door and the latch. The progress note dated 10/30/2013 revealed the patient is starting to feel better about her and that she had participated in 5 authorized sessions. The physician further indicated that, with the session on 10/30/2013, the patient had 1 more authorized session. It was indicated the first few treatments were to help the patient behaviorally activate and pull out of her depression. The physician opined, even though the patient was starting to make positive progress towards a healthier adjustment to her pain and disability, she needed continued treatment to avoid losing the momentum that had begun. The request was made for 6 additional individual psychological sessions. The patient's diagnosis was noted to be adjustment disorder with anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of individual psychological treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines indicate that cognitive behavioral therapy is appropriate for an initial trial of 3 psychotherapy visits to 4 psychotherapy visits, and, with evidence of objective functional improvement, a total of up to 6 visits to 10 visits in individual sessions. The clinical documentation submitted for review indicated the patient was close to the end of her first 6 visits. There was a lack of documentation indicating a necessity for an additional 6 visits as this would exceed guideline recommendations. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for six sessions of individual psychological treatment is not medically necessary.