

Case Number:	CM13-0055952		
Date Assigned:	04/16/2014	Date of Injury:	11/05/2009
Decision Date:	06/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/21/2013

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 Board Certified in Psychology and is licensed to practice in California. 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:

This is 69 year old female patient status/post injury 11/5/09. There is documentation of an adverse determination on 11/21/13. The previous review noted that the patient fell off of a ladder and has diagnoses including adjustment reaction, mixed emotion, insomnia, psychic factor, and depression/psychosis - severe. There were no clinical notes included for review. There is a lumbar MRI report from 11/18/13. Treatment to date is not noted. The treating provider has requested weekly individual psychotherapy (20 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY INDIVIDUAL PSYCHOTHERAPY (20 SESSIONS): 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 Chronic Pain Medical Treatment Guidelines Psychological treatment Page(s): 19-23.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In

addition, Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, there are no recent clinical records describing the patient's symptomatology, functional deficit, and prior treatment with response to prior treatment. 20 sessions exceeds guidelines recommendations. Therefore the request is not medically necessary.