

Case Number:	CM13-0056181		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2012
Decision Date:	04/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

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 Internal Medicine and Pulmonary Diseases 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 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 35-year-old female who reported an injury on 07/09/2012. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with major depressive disorder, generalized anxiety disorder, insomnia, and stress related physiological response. The patient was seen by [REDACTED] on 10/23/2013. Mental status examination revealed a sad and anxious mood, appropriate thought process, and impaired concentration. Treatment recommendations included cognitive behavioral psychotherapy on a weekly basis for 12 weeks, as well as psychiatric treatment on a monthly basis for 6 months to 8 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient group medical psychotherapy (12 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), Psychotherapy Guidelines.

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

Decision rationale: California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 psychotherapy visits to 4

psychotherapy visits over 2 weeks. Although the patient does maintain diagnoses of major depressive disorder and generalized anxiety disorder, the current request for 12 sessions of psychotherapy greatly exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

Medical hypnotherapy/relaxation training (12 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) Psychotherapy Guidelines

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

Decision rationale: California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 psychotherapy visits to 4 psychotherapy visits over 2 weeks. Although the patient does maintain diagnoses of major depressive disorder and generalized anxiety disorder, the current request for 12 sessions of psychotherapy greatly exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

Psychiatric evaluation with monthly follow up visits for 6-8 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: California MTUS/ACOEM Practice Guidelines state frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. The current request for monthly psychiatric evaluations for 6 months to 8 months is excessive in nature. Therefore, the request is non-certified.