

Case Number:	CM13-0056460		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2011
Decision Date:	03/19/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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:

The claimant is a 53 year-old male with a date of injury of 5/17/11. According to medical reports, the claimant sustained an injury to his psyche when he was involved in a verbal altercation with a foreman while working for [REDACTED]. He is also experiencing orthopedic issues involving his neck, back, right arm, and right shoulder, yet there is no account of the physical injury. In all the PR-2's dated 1/27/12-10/10/13, [REDACTED] diagnosed the claimant with an anxiety disorder. In his PR-2 reports dated 11/11/11-12/1/13; [REDACTED] diagnosed the claimant with Pain disorder with associated psychological factors and a general medical condition and panic anxiety disorder. The claimant has received psychotherapy and psychotropic medications to treat the above mentioned conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for ten (10) additional psychological treatment sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions and Psychological treatment Page(s): 23,. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive behavioral therapy (CBT)

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] since the end of 2011 and psychiatric/medication management services from [REDACTED] since January 2012. He has completed at least thirty-six (36) total sessions to date with varied progress and improvement. The Official Disability Guidelines recommend an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. It is clear that the claimant has far exceeded the total number of completed sessions than what is recommended by the guidelines. Given the nature of the claimant's condition and issues, more sessions have been warranted in the past. However, at this time, the claimant is not demonstrating significant progress towards stability that would support the need for additional sessions. Therefore, the request for "10 additional psychological treatment sessions" is not medically necessary.