

Case Number:	CM13-0057776		
Date Assigned:	12/30/2013	Date of Injury:	08/21/2012
Decision Date:	08/26/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 licensed in Psychologist and is licensed to practice in Utah. 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 a 39-year-old female with a date of injury of 8/21/12. The mechanism of injury was described as a history of harassment and abuse by a supervisor. On 8/28/13, she experienced fatigue, stomach pain, shortness of breath and palpitations, which have persisted with some diminishment after 8/22/12, when was taken off work. She presented with problems of feeling less motivated to do things other than basic self-care, isolation, occasional thoughts of suicide, and is chronically fatigued. The diagnostic impression is major depressive disorder, and adjustment disorder with anxiety. Treatment to date: medication management, psychotherapy sessions. A UR decision dated 11/4/13, denied the request for 20 weekly sessions of psychotherapy. It was denied because UR review was missing current clinical reporting including subjective and objective status of the patient as well as patient's functional objective response to 6 cognitive behavioral therapy sessions that was previously certified. In addition, the total number of completed sessions was not confirmed.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Weekly sessions of psychotherapy: 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 Page(s): 19-23.

Decision rationale: CA MTUS 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, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, the number of initial visits has not been confirmed, and without the documented evidence of objective functional improvement, the continued therapy cannot be substantiated. In addition, the request is for 20 weekly sessions of psychotherapy, which exceed the 10 sessions recommended by guidelines for continued psychotherapy treatment. Therefore, the request for 20 weekly sessions of psychotherapy is not medically necessary.