

Case Number:	CM13-0060511		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2013
Decision Date:	03/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the medical records provided, this patient is a 36 year old female who reported being injured on July 16, 2013 when in the course of her work duties while employed as a client relations representative for [REDACTED]. In the course of her work duties she was exposed to angry and hostile clients who were profoundly angry about the status of their home loans. There was a very stressful trial that she was asked to testify in and ongoing stressors for example customers trying possession of their home loan files and not being able to that she had to face daily. There was a rock thrown into her office and angry people and news media often outside. She reported symptoms of stress, not feeling/eating/sleeping well with chest pain and shortness of breath. She has been diagnosed with adjustment disorder, with mixed features of depression and anxiety. Psychiatric medications and an initial psychological assessment have been completed. This IMR will concern a request for 10 sessions of individual psychotherapy that was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for ten visits of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter: Psychotherapy.

Decision rationale: The Official Disability Guidelines state that an initial trial of 6 visits over a six week period be used and that any additional sessions would be only medically necessary if based on documented evidence of objective functional improvement demonstrated during in initial trial. Based solely on the number of sessions requested, this request for 10 sessions would exceed the guidelines by 4 sessions and therefore the non-certification is upheld.