

Case Number:	CM13-0061161		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2008
Decision Date:	05/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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 Texas. 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 injured worker is a 55-year-old male who reported an injury on 01/22/2008. The mechanism of injury was not provided in the medical records. His symptoms included discouragement, anxiety, stress, and depression. The injured worker was diagnosed with adjustment disorder with mixed anxiety and depressed mood. Diagnostic studies were not included in the medical records. On 09/03/2013, a request for psychotherapy treatment once a week for 20 weeks had been made. The rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TREATMENT ONCE A WEEK FOR 20 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions ; Psychological Treatment Page(s): 23; 101-102.

Decision rationale: According to the California MTUS Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG Cognitive Behavioral Therapy Guidelines further state if lack of

progress of physical medicine alone is documented, psychotherapy CBT would be considered. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended with evidence of objective functional improvement, with a total of up to 6 to 10 visits. The documentation submitted for review failed to provide a rationale for the requested treatment. Additionally, the documentation failed to provide evidence of lack of progress from physical medicine alone. As the guidelines state an initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, the request for treatment of once a week for 20 weeks is not supported. Given the above, the request for psychotherapy treatment once a week for 20 weeks is non-certified.