

Case Number:	CM13-0063315		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2004
Decision Date:	05/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/09/2013

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 a licensed Psychologist 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 61 year-old female (██████████) with a date of injury of 11/17/04. The claimant sustained orthopedic injuries to her back and left knee when she was pushed to the ground by a client while working as a care aide for ██████████. It is also reported that the claimant has developed psychiatric symptoms of depression and anxiety secondary to her work-related orthopedic injuries and chronic pain. In his 4/23/13 "Psychological Evaluation Report", ██████████ diagnosed the claimant with Adjustment disorder with mixed anxiety and depressed mood. The claimant's chronic pain and psychiatric diagnosis are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of individual psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the claimant has completed 6 of 6 authorized Cognitive Behavioral Therapy sessions with [REDACTED]. In his 10/31/13 "Psychotherapy report", [REDACTED] stated, "Thus far therapy has focused on providing [the claimant] with techniques she can employ to monitor and reduce her day to day experience of chronic pain." Although the claimant was given an adjustment disorder diagnosis that included depressed mood and anxiety, it appears that [REDACTED] has focused on the claimant's chronic pain issues. The CA MTUS indicates that for the treatment of chronic pain, a total of 6-10 visits is recommended. According to the ODG, the treatment of depression is 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 necessary. In his "Psychotherapy Report" dated 10/31/13, [REDACTED] provides appropriate evidence to support the need for further services regarding both the treatment of chronic pain and depression/anxiety. It is noted that the claimant received a modification of 4 sessions in response to this request. However, the request for an additional 12 sessions appears excessive and does not provide for a reasonable time for reassessment. As a result, the request for an additional "12 sessions of individual psychotherapy" is not medically necessary.