

Case Number:	CM13-0063525		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2011
Decision Date:	05/12/2014	UR Denial Date:	11/13/2013
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 Board Licensed 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 47-year-old female who reported an injury on 05/20/2011. The mechanism of injury was not provided. Current diagnoses include sprain in the lumbar region, reflex sympathetic dystrophy, adjustment disorder with anxiety and depression, pain disorder, and insomnia. The injured worker was evaluated on 09/11/2013. Mental status examination revealed a depressed mood, agitation, tearfulness, passive suicidal ideation, and limited psychological insight. The injured worker scored a 49 on the Beck Depression Inventory, indicating a severe level of depression. The injured worker also scored a 33 on the Beck Anxiety Inventory, indicating a severe level of anxiety. Treatment recommendations at that time included authorization for an additional 6 months of individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL SIX MONTHS OF INDIVIDUAL PSYCHOTHERAPY (24 SESSIONS):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Individual Psychotherapy (IPT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23.

Decision rationale: The California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The current request for 24 sessions of psychotherapy exceeds Guideline recommendations. Therefore, the request is not medically appropriate. As such, the request for additional six months of individual psychotherapy (24 sessions) is non-certified.