

Case Number:	CM13-0067857		
Date Assigned:	01/03/2014	Date of Injury:	01/04/2010
Decision Date:	04/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Psychology 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:

The claimant is a 37 year-old male (DOB 1/1/77) with a date of injury of 1/4/10. The claimant sustained injury to his lower back, right shoulder, and right hand when he slipped and fell on ice while working as a phlebotomist for [REDACTED]. It is also reported that the claimant sustained injury to his psyche secondary to his work-related physical injuries. In his 11/12/13 "Consulting Physician's Comprehensive Psychiatric Evaluation", [REDACTED] diagnosed the claimant with: Pain disorder associated with both psychological factors and another medical condition; Major depressive disorder, single episode, moderate; Dysthymic disorder; Anxiety disorder NOS; Hallucinogen use disorder, in sustained full remission (per Pt's history); Cocaine use disorder, in sustained full remission (per Pt's history); and Opioid use disorder, in sustained full remission (per Pt's history).

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 6 individual psychotherapy sessions over 6 month period: 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 Illness and Stress Chapter.

Decision rationale: Based on the review of the medical records, the claimant received a psychological evaluation from [REDACTED] on 10/9/10 and received a few subsequent sessions in 2011. The claimant received a second psychological evaluation on 9/5/13 from [REDACTED] and subsequently began psychotherapy services. The total number of completed sessions is unknown. In his 11/13/13 "Progress Report", [REDACTED] indicated that the claimant is in need of additional sessions however, there were no objective functional improvements noted in the report. The ODG suggests 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 provided. In a follow-up progress report dated 1/20/14, [REDACTED] indicated that progress can be viewed in the fact that the claimant attended psychotherapy and that further sessions would be used to require the claimant to "engage the process" and "gain some coping skills". This additional information still does not provide ample evidence to substantiate a request for further services. Additionally, the request for 6 sessions over 6 months does not follow the guidelines set forth by the ODG. As a result, the request for "6 individual psychotherapy sessions over 6 month period" is not medically necessary.