

Case Number:	CM13-0069588		
Date Assigned:	01/03/2014	Date of Injury:	03/04/2011
Decision Date:	04/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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, 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 for this review, this patient is a 36-year-old female who reported an occupational-related injury on March 4th 2011. The reported injuries occurred during her work as a pharmacy technician when a heavy box of supplies and medications broke open and she caught her foot inside a door as she fell backwards and landed upon her head and back. She may, or may not, have lost consciousness and was taken by ambulance to the emergency room, and diagnosed with a concussion and cervical sprain. Psychologically, she has been diagnosed as having an Adjustment Disorder with mixed anxiety and depressed mood, she has also been diagnosed with Undifferentiated Somatoform Disorder. She reports continued body pain, marked by tightness, cramping, burning, throbbing, stabbing and pain along the entire back and neck, also chronic fatigue and sleep disorder. It remains unclear how many sessions of individual psychotherapy she has had already, but she has had at least 12 sessions with the last one being in January of 2013. A request for additional individual psychotherapy eight sessions held one time per week was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 8 sessions 1 time per week: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines Psychotherapy Guidelines

Decision rationale: In the medical records provided for review there were no progress notes from the patient's prior individual psychotherapy. These progress notes are essential in considering whether or not the patient has benefited, or not, from prior psychotherapy. According to the Official Disability Guidelines, documented objective improvements in functional capacity must be demonstrated in order for additional sessions to be provided. The Official Disability Guidelines allow for up to 20 sessions of psychotherapy to be used based on the outcome of a 6 session initial block. The results of this initial block cannot be assessed. There is insufficient documentation to warrant an additional set of therapy sessions based on the information provided. The request for additional individual psychotherapy is not medically necessary and appropriate.