

Case Number:	CM13-0070459		
Date Assigned:	01/15/2014	Date of Injury:	11/13/1997
Decision Date:	07/15/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine, has a subspecialty in Nephrology, 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 patient is a 66-year-old with a date of injury on November 13, 1997. The injury was sustained when she slipped coming out of an elevator. She complained of pain in her right arm, hip, shoulders and neck. She was treated with physical therapy and aquatic therapy with some relief. She developed psychological symptoms secondary to her injury including depression, fatigue, and anxiety. She was diagnosed with Adjustment Mood Disorder with Mixed Anxiety, Depressed Mood; chronic. On September 30, 2013 she complained of physical pain related to her work injury as well as depression. The patient was undergoing treatment to prevent a relapse that included weekly cognitive behavioral therapy, medication, biofeedback as well as psychiatric and social services, including the completion of 36 psychotherapy sessions in 2013; it was noted that her psychiatric conditions reached maximal medical improvement in 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT, ONE SESSION WEEKLY FOR TWENTY WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy Chapter.

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

Decision rationale: According to the records, maximum medical improvement was reached in 2008. The patient has already received over thirty psychotherapy sessions after maximal medical improvement was reached. The records fail to show that any further improvement with additional psychotherapy is likely. The request for weekly psychotherapy treatment, one session per week for twenty weeks, is not medically necessary or appropriate.