

Case Number:	CM13-0071293		
Date Assigned:	01/03/2014	Date of Injury:	07/06/2011
Decision Date:	06/10/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 38-year-old female who reported an injury on 07/06/2011. The mechanism of injury was not specifically stated. Current diagnoses include major depressive disorder, pain disorder, insomnia, female hypoactive sexual desire disorder and psychological factors affecting medical condition. The injured worker was evaluated on 09/30/2013. The injured worker reported increased depressive symptoms. Objective findings were not provided. Treatment recommendations included monthly medication visits and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT X 20 SESSIONS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy. 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 injured worker had participated in cognitive behavioral therapy. However, there is no evidence of objective functional improvement. The injured worker continues to report depressive symptoms. The current request for 20 sessions of cognitive behavioral therapy greatly exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.