

Case Number:	CM13-0071826		
Date Assigned:	01/08/2014	Date of Injury:	11/27/2007
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 Psychiatry, and is licensed to practice in Illinois and Wisconsin. 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 53 year old woman who was injured in November of 2007. She apparently was evaluated in April of 2009 and was diagnosed with Adjustment Disorder with mixed anxiety and Depressed Mood. On 6/17/2010 her condition was reported to be "permanent and stationary" from the psychiatric standpoint. On 5/18/2011 psychological testing was done and an additional year of psychotherapy was recommended. The diagnosis has since been changed to Major Depression, Moderate. She has had trials of Paxil, Buspar and Wellbutrin. The provider is requesting 20 sessions of individual therapy and 6 monthly management sessions. Coverage for the requested psychotherapy sessions has been denied. This is an independent review of the previous decision to deny coverage for 20 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY FOR SYMPTOMS RELATED TO THE CERVICAL SPINE, LUMBAR SPINE, SHOULDERS AND KNEES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Pain Interventions And Treatment, Page(s): 23.

Decision rationale: The psychologist interim report from 5/18/2011 indicates that the patient was doing well on the medication (Wellbutrin) at that time. Although the number of prior sessions is not clear, she has had at least 8 sessions beginning in January of last year and was in treatment well before that time. The above cited guidelines do not support maintenance treatment which appears to be the case. The guidelines indicate 3-4 sessions in the first two weeks and with improvement an additional 6-10 sessions over the next 5-6 weeks. It is fairly clear that this standard has been exceeded and it is not clear how the patient stands to benefit from continued therapy. As such, the requested 20 sessions should not be considered as medically necessary according to the California MTUS.