

Case Number:	CM14-0008282		
Date Assigned:	02/12/2014	Date of Injury:	04/09/2012
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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 Neurological Surgery, 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 injured worker is a 43-year-old female who was injured on April 9, 2012. On November 15, 2013 the mechanism of injury is documented as continuing to have difficulties with anxiety and depressed mood, but finds that the psychological treatment has been helpful with these symptoms. Objective findings include apprehensiveness, talkative, sad, anxious mood, and tearful. The utilization review in question was rendered on January 14, 2014. The reviewer noncertified the request for twelve additional psychotherapy sessions citing the injured worker had functional benefit from the previous sessions, but the total number of sessions completed was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY X 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PSYCHOLOGICAL TREATMENT Page(s): 101-102.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) does not set a maximum number of psychological treatment sessions. Based on clinical documentation provided, the injured worker has demonstrated functional improvement, but the clinician recommends further treatment. As the diagnoses have not resolved, the request is considered medically necessary.