

Case Number:	CM14-0111619		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2011
Decision Date:	10/07/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine, 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:

Based on the clinical information provided, the request for additional psychotherapy sessions 45-50 minutes per session qty: 12 is not recommended as medically necessary. The number of psychotherapy visits completed to date is not documented. There are no objective measures of improvement provided. There are no current psychometric testing measures provided. There are no specific, time-limited treatment goals. California Medical Treatment Utilization Schedule guidelines would support up to 10 visits of psychotherapy with evidence of objective functional improvement. Given the lack of supporting documentation, the request for additional psychotherapy is not indicated as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy Sessions, 45-50 Minutes per Session Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Interventions, and page 23..

Decision rationale: Based on the clinical information provided, the request for additional psychotherapy sessions 45-50 minutes per session Qty: 12 is not recommended as medically

necessary. The number of psychotherapy visits completed to date is not documented. There are no objective measures of improvement provided. There are no current psychometric testing measures provided. There are no specific, time-limited treatment goals. California Medical Treatment Utilization Schedule guidelines would support up to 10 visits of psychotherapy with evidence of objective functional improvement. Given the lack of supporting documentation, the request for additional psychotherapy is not medically necessary.