

Case Number:	CM14-0127292		
Date Assigned:	08/15/2014	Date of Injury:	04/11/2000
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 Practice, has a subspecialty in Preventative 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:

This 62 year old female claimant sustained a work injury on April 11, 2000 involving the neck, back and shoulders. She had a diagnosis of posttraumatic pain syndrome, fibromyalgia, industrial psychiatric injury, lumbosacral facet disease, cervical spondylosis with neck pain, Raynaud's phenomenon, major depressive disorder and hypothyroidism. In 2012 a psychological evaluation recommended psychotropic medication and up to 12 months follow up. On 4/30/14 a progress note from a treating psychiatrist indicated the claimant had continued crying, self-doubt, sleep impairment, anxiety and depression. The treating clinician recommended one session of psychotherapy per week for 20 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 x Individual psychotherapy treatments, one session per week for 20 weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Therapy Page(s): 100-101.

Decision rationale: According to the MTUS guidelines, psychotherapy visits are recommended for initial evaluation and up to 10 visits over 5-6 weeks with objective improvement. In this case,

the claimant had completed an unknown amount of therapy visits. The amount requested above exceeds the amount recommended in the guidelines. Therefore the request for 20 additional psychotherapy visits are not medically necessary and appropriate.