

Case Number:	CM14-0131318		
Date Assigned:	08/20/2014	Date of Injury:	05/02/2014
Decision Date:	09/23/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/15/2014

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 Psychologist, and is licensed to practice in Utah. 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 is a 62-year-old female with a 5/2/14 date of injury. She developed physical and psychiatric symptoms due to a history of workplace stress. According to a progress report dated 7/14/14, the patient complained of stomach bloating, insomnia, ruminations, nausea, frustrations, and crying spells. Objective findings: clinical interview, mental status exam, and psychological tests provide objective support to the subjective symptoms. Diagnostic impression: adjustment disorder with anxiety. Treatment to date: activity modification. A UR decision dated 8/2/14 modified the request for 12 psychiatric treatments to 4 psychiatric treatments. As recommended by guidelines, it is appropriate for an initial trial to be performed first, with additional treatments warranted with documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychiatric Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. The provider is requesting treatment in order to reduce the patient's psychiatric symptoms and to help her develop more effective means of coping. However, this is a request for 12 sessions, whereas guidelines only support an initial trial of 4 sessions. Therefore, the request for 12 Psychiatric Treatments is not medically necessary.