

Case Number:	CM14-0137828		
Date Assigned:	09/05/2014	Date of Injury:	05/08/2013
Decision Date:	10/09/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Psychology and is licensed to practice in Texas. 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 injured worker is a 56-year-old male who reported injury on 05/08/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of burn unspecified degree of leg unspecified site. Past medical treatment consists of acupuncture, physical therapy and medication therapy. Medications include amitriptyline, Oxycodone, amlodipine, Cialis, and Valtrex. It was noted that the injured worker underwent a CT to exam the sinuses. On 08/13/2014, the injured worker reported that his pain with medication was 3/10 and without was 7/10. Physical examination revealed sensation to light touch was decreased over the thumb and left side. Upper and lower extremities responded normally to reflex examination. The left wrist range of motion was decreased. The medical treatment plan is for the injured worker to undergo 20 weekly sessions of individual psychotherapy. The rationale was not submitted for review. The request for authorization form was submitted on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty (20) weekly sessions of individual psychotherapy using EMDR, CBT and mindfulness based stress reduction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy, ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for 20 weekly sessions of individual psychotherapy is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline which to assess improvements during therapy. Furthermore, the request as submitted is for 20 weekly sessions, exceeding the recommended guidelines. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary. Additionally, the rationale was not provided for review.