

Case Number:	CM14-0150025		
Date Assigned:	09/18/2014	Date of Injury:	03/30/2014
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 22-year-old male who sustained a work related injury on 3/30/2014 because of being assailed by two male co-workers. Since his attack, he has been suffering from depression, anxiety, and difficulty sleeping. He reports constant fear and thoughts of the violent event and feeling of possibly being attacked again. The patient seems to have an issue with all connections to reality. In dispute is a decision for Psychotherapy twice weekly (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy twice weekly (12 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397, Chronic Pain Treatment Guidelines Pain Intervention and Treatments, Page(s): 23.

Decision rationale: Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of (pain) than ongoing medication or therapy, which could lead to psychological or physical dependence. The diagnosis, pattern, and severity of symptoms and the need for referral will determine treatment for

depressive and anxiety disorders. All of the following can be explored as initial treatment, as helpful adjuncts to psychotherapy, or as interim relief measures while the patient is waiting for the initial visit with a mental health care provider. The requested intervention is medically necessary to assist the patient in coping and overcoming his fears and anxieties involving the physical altercation he was involved.