

Case Number:	CM14-0172938		
Date Assigned:	10/23/2014	Date of Injury:	07/09/2013
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 licensed in Psychology 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:

The claimant is a 53 year-old male [REDACTED] with a date of injury of 7/9/13. The claimant sustained injury to his psyche as the result of experiencing a threatening gesture from a patient while working as a case manager for [REDACTED]. In his P-2 report dated 9/12/14, treating psychologist, [REDACTED], diagnosed the claimant with Anxiety Disorder, NOS. The Pt has been receiving psychotherapy services since his initial evaluation with [REDACTED] in August 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy for 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive behavioral therapy (CBT)

Decision rationale: The CA MTUS does not address the treatment of anxiety therefore, the Official Disability Guideline regarding the use of cognitive behavioral treatment will be used as

reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] in August 2013 and began follow-up individual psychotherapy with him following the evaluation. It is unclear from the PR-2 reports submitted for review as to how many psychotherapy sessions have been completed to date. Additionally, there is limited information as to the objective functional improvements made from the sessions. In the most recent PR-2 report dated 9/12/14, [REDACTED] notes that the objective findings are "Pt's MSE supported subjective report." The treatment plan was to help the "Pt find ways to disengage" and to "continue weekly sessions until Pt is P & S by QME on 12/10/14." This information does not provide enough evidence to support the need for additional psychotherapy sessions per the ODG. As a result, the request for "Psychotherapy for 8 sessions" is not medically necessary.