

Case Number:	CM14-0020006		
Date Assigned:	04/28/2014	Date of Injury:	08/17/2010
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 30 year old male who reported an injury on 08/17/2010, due to a crush injury to the left lower extremity. The psychological assesment note dated 08/26/2013 presented the injured worker with persisting pain, frustration, nervousness, reported improved mood with medications, worried, sad, guilt, self critical, sleeping difficulties, easily fatigued, stressed, headaches, and pressured. The physical exam findings reported the injured worker presented with a sad and nervous mood, a preoccupation with his physical condition, body tension, and apprehensiveness. The providers treatment goals were to decrease the frequency and intensity of the injured workers depressive symptoms, improve duration and quality of sleep, and decrease frequency and intensity of anxiety symptoms. The provider recommended individual psychotherapy once a week for six months. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY ONCE A WEEK FOR (6) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, Cognitive Behavior Therapy Guidelines For Chronic Pain Page(s): 23.

Decision rationale: The request for psychotherapy once a week for 6 months 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 3-4 psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 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 by which to assess improvements during therapy. The request for individual psychotherapy once a week therapy for six months exceeds the recommendations of the guidelines. Therefore the request is not medically necessary.