

Case Number:	CM14-0029242		
Date Assigned:	06/20/2014	Date of Injury:	09/27/2010
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 Clinical 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:

Based on the records provided for review, this patient is a 64 year old female who reported an industrial/occupational work injury while in the normal course of her duties as a charge nurse in the emergency department for [REDACTED]. The injury occurred on September 27th, 2010. On that date she was in the medication room reaching overhead to the medicine cabinet when the entire cabinet fell, striking her on the face and head and causing her to fall backwards. She sustained trauma to her knees as well as her neck, right shoulder, low back, and left knee. She has had extensive conservative treatment. She has symptoms of significant depression related to this injury. She has been diagnosed with major depressive disorder and pain disorder with both psychological factors and medical condition. The patient has been seen for psychotherapy and psychiatry medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy Sessions twice per month.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Requests for an unspecified number of therapy sessions cannot be approved without a modification that specifies the precise number of sessions that are being offered. If this request were to be overturned, it would essentially be authorized an unlimited number of sessions for an indefinite period of time. All requests for psychotherapy must include the number of sessions requested. The independent medical review process is an all-or-none process without the ability to offer a modification, therefore the request has to be denied based solely on the fact that there was no specific number of sessions requested. According to the treatment guidelines for psychotherapy 13-20 sessions may be offered if progress is being made. It is unclear how many sessions this patient has had to date, it is important for any request to include that information as well so that it is a proper determination can be made according to the MTUS/ODG guidelines. As such, the request is not medically necessary.