

Case Number:	CM14-0032079		
Date Assigned:	06/20/2014	Date of Injury:	06/17/2011
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 a licensed Doctor of 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 35-year-old female who reported an injury on 06/17/2011. The mechanism of injury was not provided. The examination of 02/17/2014 revealed a request for continued psychotherapy. The rest of the examination was handwritten and difficult to read. The documentation of 03/01/2014 revealed the injured worker had psychotherapy and continued to have episodes of stress, anxiety, and depression. It was indicated the cognitive behavioral therapy and relaxation techniques were helping. The diagnoses included stress, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy tx: 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 Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend psychotherapy for an initial trial of 3 to 4 sessions of psychotherapy and with evidence of objective functional improvement there can be a total of up to 6 to 10 visits. The clinical documentation submitted for review

indicated the injured worker had been utilizing cognitive behavioral therapy. It was indicated the behavior therapy and relaxation techniques were helping. There was a lack of documentation of the quantity of sessions that had been attended and objective functional benefit that was received. The request as submitted failed to indicate the quantity of sessions and type of sessions being requested. Given the above, and the lack of documented sessions the injured worker had attended, the request for psychotherapy tx is not medically necessary.