

Case Number:	CM14-0035018		
Date Assigned:	06/23/2014	Date of Injury:	06/05/2007
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 58-year-old female who reported an injury on 06/05/2007, the mechanism of injury was not provided. On 08/23/2013, the injured worker presented with pain in the cervical spine, lumbar spine, left shoulder, and bilateral wrists. Prior therapy included physical therapy, Botox, psychiatric treatment, and medications. Upon examination of the cervical spine, there was restricted range of motion, tenderness to the paravertebral muscles, right side tight muscle band noted with spasm, and tenderness to the spinous process. The diagnosis was depressive disorder not elsewhere classified. The provider recommended 6 sessions of psychotherapy. The provider's rationale was not provided. The request for authorization form was included but undated.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 6 SESSIONS OF PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/PSYCHOTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy Guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavior Therapy Guidelines for chronic pain.

Decision rationale: MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone and initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended; within evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 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 to assess improvements during therapy. The injured worker has had psychotherapy sessions; however, the amount of psychotherapy sessions and the efficacy of the therapy treatment were not provided. Additionally, the provider's request did not indicate the frequency of the requested therapy sessions. As such, the request is not medically necessary.