

Case Number:	CM14-0035816		
Date Assigned:	06/23/2014	Date of Injury:	07/27/2000
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 54-year-old female who reported an injury on 07/27/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 02/26/2014 indicated a diagnosis of major depression recurrent. The injured worker reported being stressed out and not her best. The injured worker reported headaches that were problematic and reported being depressed. On physical exam the physician noted mood instability. The injured worker's prior treatments included psychotherapy and medication management. The provider submitted a request for 8 additional sessions of psychotherapy. A Request for Authorization dated 03/04/2014 was submitted for 8 psychotherapy visits. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional session of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 101 Page(s): 101.

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 eight additional session of psychotherapy 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. In addition, 8 sessions were authorized on 01/19/2014. It is not indicated why an additional 8 sessions are needed or warranted at this time. Furthermore, an additional 8 sessions would exceed the guideline recommends. Therefore, the request for eight additional sessions of psychotherapy is not medically necessary.