

Case Number:	CM14-0036627		
Date Assigned:	06/25/2014	Date of Injury:	12/06/2005
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 66 year-old female injured on December 6, 2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of physical damage (pulmonary) and psychiatric symptoms (anxiety, depression). The physical examination demonstrated no specific physical examination findings. Diagnostic imaging studies objectified obstructive sleep apnea. Previous treatment includes medications and psychiatric care. A request had been made for psychotherapy every two weeks and was not certified in the pre-authorization process on March 17, 2014. The records reflect that psychiatric treatment protocol had been certified an indefinite psychotherapy was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy every two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: The records reflect there are vague complaints of anxiety and depression secondary to ordinary disease of life (obstructive sleep apnea) and other pulmonary issues. However, there is no outline for treatment goals, or the clinical indication for an indefinite protocol. Therefore, when considering the parameters outlined in the Chronic Pain Medical Treatment Guidelines and the lack of clinical information relative to the treatment plan, this is not medically necessary.