

Case Number:	CM14-0038701		
Date Assigned:	07/02/2014	Date of Injury:	09/16/2009
Decision Date:	08/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 Psychologist 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 46-year-old male who reported an injury on 09/16/2009. He reportedly sustained a back injury while attempting to assist another CNA with transferring a 320-pound patient. On 03/17/2014, the injured worker presented with a dysphoric mood affect that ranged from irritable and angry to sad. Upon examination, the injured worker was unable to remain seated comfortably during the session and excused himself frequently in order to stand and relieve pain. On 09/14/2013, the symptoms checklist scores were clinically elevated on interpersonal sensitivity, anxiety, paranoid ideation, and psychoticism clinical skills. Prior therapy included psychotherapy and medication. The diagnoses were major depression, pain order associated with both psychological factors and general medicine condition, and chronic severe functional impairment. The provider recommended individual psychotherapy x12 and the provider stated he would benefit most from structured sessions. The request for authorization form was dated 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy times 12: 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 ODG Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: California MTUS recommends a psychotherapy referral after a 4-week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended and with 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 by which to assess improvements during therapy. The request for individual psychotherapy x12 exceeds the recommendation of the guideline. Therefore, the Individual Psychotherapy times 12 is not medically necessary.