

Case Number:	CM14-0053136		
Date Assigned:	07/07/2014	Date of Injury:	04/13/1998
Decision Date:	09/30/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 76-year-old male who has submitted a claim for major depression associated with an industrial injury date of 4/13/1998. Medical records from 1/30/13 up to 2/26/14 were reviewed showing that the patient reports muscle pain, fatigue, anxiety, depression, sleep disturbance, and social withdrawal. As a result of the treatment, patient is "beginning to experience some reduction in the disabling psychiatric symptoms." No physical examination was attached. Psychotherapy was the only treatment mentioned. Utilization review from 3/26/2014 denied the request for 10 sessions of outpatient psychotherapy. The patient has completed at least 19 psychotherapy sessions. Additional treatment will exceed the recommended timeline. In addition, there is no clear identification of objective behavior improvements from previous treatment. Documentation does not identify a treatment plan with a specific endpoint for this 16-year old injury. Furthermore, the submitted documentation does not outline specific goals to support the need for ongoing skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of outpatient psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Procedure Summary, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient has been undergoing psychotherapy sessions since at least 1/30/13 and has completed at least 19 sessions. Additional treatment exceeds the recommended timeline by CA MTUS. In addition, there is no clear identification of objective behavioral improvements from previous treatment. Documentation does not identify a treatment plan with a specific endpoint for this 16-year-old injury. Furthermore, the submitted documentation does not outline specific goals to support the need for ongoing skilled intervention. Therefore, the request for 10 sessions of outpatient psychotherapy is not medically necessary.