

Case Number:	CM14-0068712		
Date Assigned:	07/14/2014	Date of Injury:	07/20/2011
Decision Date:	09/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/13/2014

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 has a subspecialty in Interventional Spine 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 41-year-old female with an injury date of 07/20/2011. The 12/31/2013 report indicates that her diagnoses are adjustment disorder, with mixed anxiety and depression, insomnia and pain, female hypoactive sexual desire disorder due to pain and psychological factors affecting the medical condition. The patient is noted to benefit from treatment that helps her cope with feelings of depression and restore normal function. The patient had a depressed mood, anxiety, chronic pain, insomnia, family conflict, irritability, and isolation. The utilization review determination being challenged is dated 04/25/2014. Treatment reports were provided from 07/01/2013 - 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Psychotherapy Treatment 1 x 20: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: ACOEM Guidelines state frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy and whether the patient is missing work. The 12/30/2013 report states, "We consider her condition to have been one of temporary total disability from her customary employment since July 2011 and continuing. We felt that she was in need of psychiatric treatment for symptom reduction, to provide her with much needed emotional support to enhance [REDACTED] treatment of her orthopedic condition and to facilitate her eventual ability to return to productive employment." In this case, the patient appears to have several psychiatric conditions for which psychotherapy is needed. ODG Guidelines support up to 20 sessions for short-term and more for long-term treatments. As such, the request is medically necessary.