

Case Number:	CM14-0071509		
Date Assigned:	09/05/2014	Date of Injury:	04/09/2001
Decision Date:	11/06/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/16/2014

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 Psychiatry, and is licensed to practice in Illinois & Wisconsin. 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:

This is a 64 year old female who sustained a work injury in April 2001. The patient has been having problems with depression, insomnia and anxiety related to chronic pain. Medications include Klonopin, Cymbalta and Nortriptyline. Clinical information is extremely limited. The provider has requested coverage for "psychiatric treatment with psychotherapy". The request was denied by the previous reviewer due to lack of medical necessity. This is an appeal of the previous request for coverage for psychiatric treatment with psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Treatment with Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Pain Interventions and Treatments Page(s): 23.

Decision rationale: The State of California MTUS indicate an initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks. The above request is open ended. Since a number of sessions and time period are not specified the request should be

considered as outside the parameters indicated by the evidence based guidelines cited above and as such should be considered as not medically necessary.