

Case Number:	CM14-0075130		
Date Assigned:	07/16/2014	Date of Injury:	10/07/2013
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Psychology 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 claimant is a 46 year-old female (██████████) with a date of injury of 10/7/13. The claimant sustained injury while working as a Customer Service Representative for the ██████████. The mechanism of any physical injury was not found within the limited medical records submitted for review. In her 4/30/14 Doctor's First Report of Occupational Injury or Illness and Treatment Authorization Request, ██████████ noted that the claimant experienced work-related stress and diagnosed the claimant with: (1) Psychological factors affecting medical condition; and (2) Adjustment disorder with anxiety and depressed mood. It is unclear as to what medical condition is being affected by the claimant's psychological factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy weekly x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions (CA MTUS 2009)(page 23)Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-

disciplinary pain programs.ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain:Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. SeeFear-avoidance beliefs questionnaire (FABQ).Initial therapy for these "at risk" patients should be physical medicine for exercise instruction,using a cognitive motivational approach to physical medicine.Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physicalmedicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the limited medical records submitted for review, the claimant was initially seen by psychologist, [REDACTED] on 4/30/14. It appears that the request under review is for an initial trial of psychotherapy. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. Given this guideline, the request for 12 sessions exceeds the recommended number of initial sessions. As a result, the request for Individual Psychotherapy weekly times 12 is not medically necessary.