

Case Number:	CM14-0079716		
Date Assigned:	07/18/2014	Date of Injury:	03/19/2014
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 patient is a 48-year-old female who reported an injury on 03/19/2014 due to a reported criminal act having been performed during the course of workday whereupon she was told she created an intimidating and hostile work environment while working as a teacher which has caused harm and confusion to the students and a substitute teacher. The patient reportedly has a history of anxiety and had been taking sertraline due to her symptoms related to the anxiety such as rapid heart rate and shakiness with mild chest pressure. The patient was seen most recent on 04/22/2014 for a psychological consultation. It was also noted under the Beck Depression Inventory that the patient yielded a score of 29 which suggested she was experiencing moderate depression at that time. She also scored an 11 off of the Beck Anxiety Inventory which suggested she had mild anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 10-12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to California MTUS Guidelines, it references the Official Disability Guidelines, Behavioral Therapy Guidelines for chronic pain which indicate that patients who are indicated for undergoing psychotherapy are supported for 3 to 4 visits for an initial trial over 2 weeks with evidence of objective functional improvement supporting a total of up to 6 to 10 visits over 5 to 6 weeks for individual sessions. However, in the case of this patient, with her most recent examination/consultation having been performed in 04/2014, a more current comprehensive physical examination to include an update on the patient's condition of her mental status is necessary in order to assess whether or not the patient meets guideline criteria for undergoing psychotherapy sessions at this time. Furthermore, the request exceeds the maximum allowance per California MTUS Guidelines for psychotherapy as the physician has requested between 10 to 12 sessions. As such, the request for 10-12 Psychotherapy sessions are not medically necessary.