

Case Number:	CM14-0088241		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2011
Decision Date:	09/16/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 Psychologist 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 injured worker is a 30-year-old male who reported an injury on 01/27/2011, the mechanism of injury was not provided. On 05/05/2014, the injured worker presented with feelings of shame about his disfigurement. Upon examination, the injured worker was tearful in the session with a depressed mood. The diagnoses were post-traumatic stress disorder improved. Prior therapy included psychotherapy visits, surgery, and medications. The provider recommended 10 psychotherapy visits. The provider's rationale was that the injured worker passes surgery and is more active in regular therapeutic exposure and would need time. The request for authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Psychotherapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, mental illness & stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy Page(s): 23.

Decision rationale: The request for 10 psychotherapy visits is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4-week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy, as well as establish a baseline by which to assess improvements during therapy. The request for 10 psychotherapy visits exceeds recommendations of the guidelines. As such, the request is not medically necessary.