

Case Number:	CM13-0018537		
Date Assigned:	10/11/2013	Date of Injury:	02/23/2007
Decision Date:	03/06/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 45 year old male whose date of injury is 02/23/2007. He suffers from chondromalacia of the patellofemoral joint, which was treated surgically, with pain management, and physical therapy. He continues to have chronic pain which is worse at night, with resultant depression and insomnia. His diagnosis is dysthymia. Psychiatric records are from 01/02/14. The patient was on Cymbalta but medications had been noncertified and he was having depressive symptoms. He was seeing [REDACTED] for therapy. The patient was having crying spells, was not motivated, had decreased energy and poor concentration. He was not socializing except with his wife and children. No further records were provided regarding the patient's psychotherapy or psychiatric status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy session x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Recommended. The identification and reinforcement of coping skills is.

Decision rationale: The patient was seeing [REDACTED] for therapy, however the last documentation provided was from January 2014. There were no quantitative scales provided to measure the patient's subjective level of depression (e.g. Beck Inventory) at baseline. Per MTUS behavioral interventions are recommended as coping skills are often more useful in the treatment of pain than ongoing medication or therapy, however without additional records objective functional improvement cannot be assessed. This request is therefore noncertified.