

Case Number:	CM14-0208837		
Date Assigned:	12/22/2014	Date of Injury:	08/25/2011
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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 Psychiatrist (MD) and is licensed to practice in Illinois. 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 now 30 year old male who sustained an injury in August of 2011. He has had residual low back pain along with depression. The provider's note from 6/5 of last year references a Zung Depression Inventory which was done but the provider did not submit a score. On 7/30 psychological testing was done. At the time the patient was complaining of anger, depression and insomnia. Diagnoses were Pain Disorder due to General Medical Condition and Anxiety disorder NOS. CBT was recommended. The provider is requesting coverage for 1 psychotherapy visit along with 12 follow up visits. Coverage for the follow up visits was denied by the previous reviewer, due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for 12 follow up visits with a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve follow up visits with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG Mental illness and stress, Office visits

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

Decision rationale: The records indicate that the provider was requesting coverage for CPT code 90834, which is psychotherapy. The State of California MTUS indicates that psychotherapy is recommended but recommend an initial trial of 3-4 visits with a total of up to 6-10 visits over 5-6 weeks with evidence of improvement. There is no indication of a major psychiatric disorder. The request therefore is incongruent with the above-cited evidence based guideline and as such should be considered as not medically necessary.