

Case Number:	CM14-0068321		
Date Assigned:	07/14/2014	Date of Injury:	12/05/2011
Decision Date:	01/05/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/13/2014

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 licensed 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 59 year-old male with a date of injury of 12/5/11. The claimant sustained injury while working for [REDACTED]. The mechanism of injury was not found within the records. According to the Utilization Review Determination letter, the claimant is diagnosed with PTSD and Major depression. Neither a medical nor a psychiatric diagnosis was found within the limited medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - cognitive behavioral therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: Based on the review of the limited records submitted, the claimant continues to experience chronic pain as well as psychiatric symptoms, but does appear to be benefiting from the psychotherapy services provided by [REDACTED]. In the 4/7/14 note, [REDACTED] wrote that the claimant "told the group that he has begun to feel better as a result of his psychotherapy

and psychotropic therapy." However, it is unclear from the medical records how many sessions (both individual and group) have been completed to date and the exact progress/improvements that have been made from those completed sessions. Without this information, the need for additional sessions cannot be fully determined. As a result, the request for "Psychotherapy x 12 sessions" is not medically necessary.