

Case Number:	CM15-0082545		
Date Assigned:	05/04/2015	Date of Injury:	03/01/2012
Decision Date:	06/23/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/29/2015

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

Certification(s)/Specialty: Psychologist

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 69 year old male who sustained an industrial injury on 03/01/2012. Current diagnoses include adjustment disorder with anxiety chronic, and pain disorder associated with both psychological. Previous treatments included medication management. Previous diagnostic studies include urine drug testing. Report dated 03/03/2015 noted that the injured worker presented with complaints that included suffering due to physical injury and worried about the future. Mental status examination was not provided for review. The treatment plan included an evaluation, history, and testing, and request for 8 sessions of psychotherapy. Disputed treatments include individual psychotherapy 8 sessions, 1 time per week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 8 sessions once per week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: Based on the review of the medical records, the injured worker experiences symptoms of anxiety and depression secondary to his work-related orthopedic injuries and chronic pain. In his March 2015 "Doctor's First Report of Injury/Illness." [REDACTED] presents brief and somewhat limiting information about the injured worker's psychological issues. However, in the April 2015 psychological evaluation report, [REDACTED] presents thorough and detailed information about the injured worker's psychological symptoms and provides an appropriate argument to substantiate the need for follow-up psychological services. Unfortunately, the request for an initial 8 psychotherapy sessions exceeds both the CA MTUS and the ODG recommendations for initial therapy. As a result, the request for an initial 8 psychotherapy sessions is not medically necessary. It is noted that the injured worker did receive a modified authorization for an initial 4 psychotherapy sessions in response to this request.