

Case Number:	CM13-0005920		
Date Assigned:	01/03/2014	Date of Injury:	05/14/2012
Decision Date:	03/13/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical Psychology, has a subspecialty in subspecialty Health Psychology and Pain Management 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 physician 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:

This patient was born on [REDACTED] and was working as an assistant manager for [REDACTED] when on 5/15/12 he reported being subjected to discrimination, hostile work environment and racial harassment. He reported subsequently experiencing medical concerns of urinary frequency, nocturia, and erectile dysfunction and psychological symptoms of depression, loss of libido and severe anxiety additional psychological issues include helplessness, weight loss, marital difficulties, obsessions and irritability. He has been diagnosed with: Adjustment disorder with depressed mood, acute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The ACOEM 2nd edition is silent on the issue of psychotherapy duration and type other than the use of cognitive behavioral therapy. However the Official disability guidelines as mentioned above recommend an initial trial of 6 visits over six weeks and with

clear evidence of documented objective functional improvement a total of 13-20 visits over a 13-20 weeks of individual sessions could be provided. In a report from October 2012 it was recommend he have psychotherapy sessions for a period of time of 3-4 months. While it is clear he did receive psychotherapy for the reported injury, and that there was improvement gained from this course of therapy there were no notes included from this treatment, therefore it is not possible to determine how many sessions have been provided today and if there has been any of the required functional improvement has been achieved. In addition this request for additional therapy is unspecified in duration or frequency of sessions requested, only the term "continued psychotherapy" was noted without any further information. The determination of non-certification is upheld.