

Case Number:	CM13-0037880		
Date Assigned:	12/18/2013	Date of Injury:	01/25/2011
Decision Date:	05/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Psychiatry; Neurology 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:

According to the records made available for review, this is a 63-year-old female with a 1/25/11 date of injury. At the time (10/9/13) of the Determination for psychotherapy 1 time per month for 12 months, there is documentation of subjective (complaints of tired and depressed) and objective (affect was flat/blunted and restricted range, thought content was hopeless and helpless) findings, current diagnoses (posttraumatic stress disorder, persistent disorder of initiating or maintaining sleep, and major depressive disorder single episode), and treatment to date (medication). The requested psychotherapy 1 time per month for 12 months exceeds guidelines recommendations (for an initial trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY 1 TIME PER MONTH FOR 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. 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: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of posttraumatic stress disorder, persistent disorder of initiating or maintaining sleep, and major depressive disorder single episode. In addition, there is documentation of depression. However, the requested psychotherapy 1 time per month for 12 months exceeds guidelines recommendations (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for psychotherapy 1 time per month for 12 months is not medically necessary.