

Case Number:	CM13-0038954		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2006
Decision Date:	02/03/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 expert reviewer is licensed in Psychology, and is licensed to practice in Texas. 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:

California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has been attending ongoing psychotherapy sessions. There are no specific psychotherapy notes submitted for this review. There is no documentation of a recent psychological evaluation to include a treatment plan with specific short-term and long-term goals. Despite ongoing treatment, the patient continues to report anxiety, depression, suicidal ideation, sleep disturbance, nightmares, anger, irritability, and tearfulness. Documentation of significant functional improvement following the initial course of treatment was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary; ODG Psychotherapy Guidelines.

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

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has been attending ongoing psychotherapy sessions. There are no specific psychotherapy notes submitted for this review. There is no documentation of a recent psychological evaluation to include a treatment plan with specific short-term and long-term goals. Despite ongoing treatment, the patient continues to report anxiety, depression, suicidal ideation, sleep disturbance, nightmares, anger, irritability, and tearfulness. Documentation of significant functional improvement following the initial course of treatment was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.