

Case Number:	CM13-0045955		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2003
Decision Date:	03/05/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 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:

According to the documentation, the patient is a 66-year-old male who reported an injury on 09/05/2003. The patient was reportedly injured while he was moving furniture and admitted to right thigh, low back, and psyche. The patient has reportedly completed 18 sessions of individual psychotherapy, physical therapy, and has utilized medications. He was diagnosed with major depressive disorder and a pain disorder. The patient was most recently seen on 11/12/2013 for a psychiatric followup. As noted on the documentation, the patient has had a fluctuation in his self assessment over the course of his psychiatric therapy. On the questionnaire sheets, the patient states that his sadness fluctuates between a 2 and a 3 as does his pessimism and a variety of the other questions. Rarely are his answers in the 0 to 1 range and although the patient circled that he has thoughts of killing himself, but would not carry them out, there has been no significant improvement in his overall behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, group & individual #24 sessions: 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 Behavioral Interventions Page(s): 23.

Decision rationale: According to California MTUS Guidelines, behavioral interventions are referred to Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines for chronic pain. Under Official Disability Guidelines, it states that screening for patients with risk factors for delayed recovery, including fear avoidance beliefs may benefit from psychotherapy. To consider separate psychotherapy, cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone to include 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 for individual sessions. In the case of this patient, he has already completed 18 sessions of individual psychotherapy, physical therapy, and medications. The documentation does not provide evidence of significant objective functional improvement after the patient's previous sessions. Therefore, the additional sessions would be considered unnecessary and are also excessive as 24 sessions well exceeds the maximum allowance per California MTUS Guidelines. As such, the requested service is not deemed medically necessary and is non-certified.