

Case Number:	CM14-0003429		
Date Assigned:	01/31/2014	Date of Injury:	02/22/2005
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 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:

The injured worker is a 66-year-old female who reported an injury on 02/22/2005. The mechanism of injury was not stated. Current diagnoses include major depressive disorder and psychological factors affecting medical condition. The injured worker was evaluated on 10/31/2013. The injured worker reported persistent symptoms of depression and anger. Objective findings were not provided on that date. Treatment recommendations included ongoing psychotherapy with weekly cognitive behavioral therapy, medication, telephone consults, and related psychiatric and social services.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TREATMENT, ONE (1) TIME WEEKLY FOR 20 WEEKS, 40-45 MINUTE SESSIONS (QUANTITY 20 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 23

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 23

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 20 sessions of cognitive behavioral therapy exceeds guideline recommendations. Therefore, the current request is not medically necessary and appropriate.