

Case Number:	CM14-0115901		
Date Assigned:	09/16/2014	Date of Injury:	12/03/2009
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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 Preventive Medicine 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 61-year-old female with a 12/3/09 date of injury. At the time (6/17/14) of the request for authorization for psychotherapy (undisclosed quantity), there is documentation of subjective (continued dizziness, depression, irritability, periods of crying, and sleep disturbance) and objective (dizziness) findings, current diagnoses (post-traumatic stress disorder chronic, major depression, and pain disorder associated with both psychological factors and a general medical condition), and treatment to date (psychotherapy). The number of previous psychotherapy sessions cannot be determined. In addition, there is no documentation of objective functional improvement with previous psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (undisclosed quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Cognitive therapy for PTSD

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that behavioral interventions are recommended. MTUS Guidelines additionally identify 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). ODG identifies documentation of objective functional improvement with previous psychotherapy and an extremely severe case of combined depression and PTSD, as criteria necessary to support the medical necessity of continued psychotherapy lasting for at least a year, or 50 sessions. Within the medical information available for review, there is documentation of diagnoses of post-traumatic stress disorder chronic, major depression, and pain disorder associated with both psychological factors and a general medical condition. In addition, there is documentation of an extremely severe case of combined depression and PTSD and treatment with previous psychotherapy. However, there is no documentation of the number of previous psychotherapy treatments. In addition, there is no documentation of objective functional improvement with previous psychotherapy. Furthermore, there is no documentation of the number of sessions requested. Therefore, based on guidelines and a review of the evidence, the request for psychotherapy (undisclosed quantity) is not medically necessary.