

Case Number:	CM14-0118480		
Date Assigned:	09/18/2014	Date of Injury:	09/03/2013
Decision Date:	10/21/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 available records, this patient reported an industrial/occupational work-related injury that occurred on September 3, 2013. Psychologically, the diagnosis is Adjustment Disorder with Mixed Anxiety and Depressed Mood. There is a notation that the patient was seen for a comprehensive psychological evaluation on June 25, 2014 and that he is: "upset with depression and anxiety" and has been receiving medication and group therapy from Kaiser. The note continues to state that he would benefit from one on one cognitive behavioral psychotherapy. This is the extent of the relevant psychological information that was provided for this independent review. There was no detailed information about the following: the cause of the injury, the history of prior medical and psychological treatment, the medications that he is receiving, and specific details concerning the psychological symptomology other than the one sentence that is cited above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 6 sessions of cognitive/behavioral one on one Psychotherapy: 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 cognitive behavioral therapy Page(s): 23-24.

Decision rationale: The medical necessity of this treatment has not been substantiated by the documentation that was provided. As mentioned above, the documentation was very limited and did not contain information with respect to prior treatment history or the patient's injury. There was no psychological evaluation provided although one is mentioned. According to the MTUS cited above, patients should be offered an initial treatment trial of 3 to 4 sessions, with any further treatment contingent upon functional improvement. If there is improvement, the Official Disability Guidelines recommends up to 13 to 20 sessions. In this case it is unclear whether this is an initial treatment request, which it appears to be, or a request for continued treatment. If it is a request for additional treatment then there is no documentation of the results of the prior treatment. If this is a request for new treatment, a smaller block of treatment is recommended in the MTUS. Due to insufficient documentation, the medical necessity for the requested treatment has not been established in the records. Therefore, the request for psychotherapy 6 sessions of cognitive/behavioral one on one psychotherapy is not medically necessary and appropriate.