

Case Number:	CM14-0147006		
Date Assigned:	09/12/2014	Date of Injury:	06/06/2014
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/09/2014

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 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:

The claimant is a 52 year-old female [REDACTED] with a date of cumulative injury of 3/29/04-6/6/14. The claimant sustained injury to her psyche while working as the Chief Human Resource Officer for [REDACTED]. In her "Treating Physician's Request for Authorization for Psychological Treatment" dated 8/26/14, [REDACTED] diagnosed the claimant with: (1) Adjustment disorder, with mixed anxiety symptoms; and (2) Psychological factors affecting her medical condition. The request under review is for an initial trial of psychotherapy under this claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly Individual Psychotherapy Once a Week x 12Weeks (1 x12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of an adjustment disorder therefore, the Official Disability Guideline regarding the use of cognitive behavioral treatment for mental health conditions will be used as reference for this case. Based on the review of the limited medical records, the claimant was first seen for psychological treatment in January 2013 by [REDACTED]. According to [REDACTED] initial evaluation report, the claimant was treated by [REDACTED] "on a weekly basis." The treatment received by [REDACTED] was privately paid and was not offered under the current claim. Due to the WC claim, the claimant completed an initial psychological evaluation with [REDACTED] on 8/26/14. The request under review is for the initial trial of sessions following [REDACTED] evaluation. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Given this guideline, the request for an initial 12 sessions exceeds the total number of initial sessions set forth by the ODG. As a result, the request for "Weekly Individual Psychotherapy Once a Week x 12Weeks (1 x12)" is not medically necessary. It is noted that the claimant was given a modified authorization of 4 psychotherapy sessions in response to this request.