

Case Number:	CM14-0097886		
Date Assigned:	07/28/2014	Date of Injury:	03/04/2005
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/26/2014

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 Psychologist 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 51-year-old female who reported an injury on 03/04/2005. The mechanism of injury was not stated. The current diagnosis is generalized anxiety disorder. The latest physician progress report submitted for this review is documented on 04/22/2014. It is noted that the injured worker is currently followed for anxiety and depression associated with a work related injury. The current medication regimen includes Lexapro 20 mg and Ativan 0.5 mg. It is noted that the injured worker remained stable with the current medication regimen. A psychological examination was not provided on that date. The current request is for an additional 10 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 10 Psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines state cognitive behavioral therapy is recommended. The California MTUS Guidelines utilize Official Disability Guidelines Cognitive

Behavioral Therapy Guidelines for Chronic Pain, which allow for an 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 may be appropriate. As per the documentation provided, the injured worker has been treated for psychiatric symptoms since 07/2013 however there is no documentation of objective functional improvement. Without evidence of an improvement in symptoms or a recent psychological examination with psychological testing, additional treatment cannot be determined as medically appropriate in this case. Therefore, the request for an Additional 10 Psychotherapy visits is not medically necessary.