

Case Number:	CM15-0004313		
Date Assigned:	01/15/2015	Date of Injury:	07/29/2010
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 46 year old male whose date of injury is 07/29/10, involving a slip and fall. On 09/18/13 an office visit noted him to have increased anxiety with 2 ER visits over the prior month. On 10/29/13 he was given the diagnosis of adjustment disorder and "possible malingering". 16 psychotherapy sessions were recommended with a medication evaluation. Six additional sessions were requested after that but denied. In physician notes of 11/20/14 he complains of worsening pain and decreased activity level. He uses ibuprofen and TENS unit to control his low back pain. He was on Latuda and Celexa. Six psychotherapy sessions were requested and denied on 12/09/14 citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) psychotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Recommended. The identification and reinforcement of coping skills is.

Decision rationale: There is no documentation to support the request for six sessions of psychotherapy, or for that matter a trial of psychotherapy. Neither subjective nor objective symptomatology were provided as evidence of necessity. The efficacy of the patient's Celexa and Latuda was not described or, for that matter, if he continues on that regimen. Behavioral intervention is recommended per CA-MTUS to identify and reinforce coping skills. The patient had 16 sessions of psychotherapy recommended in 2013, the outcome of that is unknown. This request is therefore noncertified.