

Case Number:	CM15-0048439		
Date Assigned:	03/20/2015	Date of Injury:	04/02/2012
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/13/2015

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

Certification(s)/Specialty: Psychologist

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 52 year old female, who sustained an industrial injury on 4/2/12. She reported arms, neck, hands, back and shoulder injury. The injured worker was diagnosed as having depression, mood disorder and adherent disorder with anxiety. Treatment to date has included physical therapy, acupuncture, cortisone injections and oral medications. Currently, the injured worker complains of anxiety, irritability and sleep disturbance. On physical exam, she was noted to be mildly anxious, pleasant and looked tired. The treatment plan consisted of 8-12 sessions of behavioral psychotherapy focused on bio medications with mindful relaxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 12: Upheld

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

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 Cognitive behavioral therapy (CBT).

Decision rationale: Based on [REDACTED] psychological evaluation dated 2/3/15, the injured worker is struggling with psychiatric symptoms and would likely benefit from follow-up psychological services. However, the request for 12 psychotherapy sessions exceeds the number of initial sessions set forth by the ODG. 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 sessions" may be provided. Given this guideline, the request for psychotherapy 12 times is not medically necessary.