

Case Number:	CM13-0011871		
Date Assigned:	03/14/2014	Date of Injury:	12/22/2012
Decision Date:	07/22/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/16/2013

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 licensed in Clinical Psychology, has a subspecialty in Health Psychology/pain management 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 records as they were provided for this independence medical review, this is a 58 year old male who was injured in an industrial/occupational work-related injury on December 22nd 2012 when he was engaged in the normal usual and customary work duties as a senior psychiatric technician shift supervisor for [REDACTED] when he was struck from behind by a patient with injuries to his neck and head as well as his psyche. He is struggling with poor long and short term memory, headache, and insomnia, speech/word finding problems, anxiety and other psychological and physical sequelae from the assault that he suffered from. He has been diagnosed with concussion and cervical strain or sprain. A request for "preparation of report once per month quantity 12" was made and non-certified with a modification offered for preparation of report 1 time per month for period of 3 months. This independent review will address a request to overturn the non-certification with modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

PREPARATION OF REPORT, ONCE PER MONTH QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Basic standards of Psychology treatment guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations Page(s): 100.

Decision rationale: Both the MTUS and ODG treatment guidelines are nonspecific with respect to the issue of report writing. The only item remotely close is for Psychological evaluation (see page 100 MTUS). Report writing is a critical and important intervention of communication between team members and to record progress and patient status. This request for report writing 1 time a month for 12 months was correctly non-certified with a modification offered for 3 months. This modification is appropriate one because the time frame and quantity 12 reports and 12 months is an unusually long period of time and there is a significant likelihood of meaningful change during the course of a full year where the reports would be no longer needed or needed at a less frequent interval. Continued assessment of medical necessity is an ongoing process for nearly all behavioral interventions and yearlong authorizations are not mentioned for any psychological treatment modality listed in the ODG without ongoing consideration for need. A 3 month (or three reports) block is a reasonable modification and if after it is completed more is required another 3 month/report block could be requested at that time. In addition this might be more of a billing issue than a treatment issue as it is specifically for report writing. Thus, the request to overturn the utilization review decision is not supported by the MTUS or ODG guidelines, which as stated above are silent on this issue, therefore the request to overturn non-certification with modification decision is denied.