

Case Number:	CM13-0013316		
Date Assigned:	03/03/2014	Date of Injury:	07/02/2012
Decision Date:	04/22/2014	UR Denial Date:	08/08/2013
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 Board Certified in Physical Medicine and Rehabilitation 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 patient is a 28-year-old male who reported an injury on 07/02/2012. The injury was noted to have occurred when a plank fell from above the patient, striking him on the top of the head. His diagnoses include headaches, syncopal episodes, dizziness, and memory problems. His symptoms are noted to include headaches, dizziness, memory loss, and difficulty speaking. The patient was noted to have had a psychological assessment on 11/13/2012, and was diagnosed with Dysthymic Disorder, pre-existing, sleep disorder due to medical condition, pain disorder, anxiety disorder, and cognitive disorder. It was noted that treatment was recommended, to include cognitive/behavioral psychotherapy and biofeedback training sessions x6 over a 2-month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PSYCHOLOGICAL / PSYCHIATRIC EVALUATION AND TREATMENT (NO DURATION / FREQUENCY) QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: According to the California MTUS Guidelines psychological evaluations are recommended for many patients with chronic pain. The guidelines further state that psychosocial evaluations should determine if further psychosocial interventions are indicated. Additionally, the guidelines indicate that psychological treatment is recommended for appropriately identified patients during the treatment for chronic pain. The clinical information submitted for review indicated that the patient previously had a psychological evaluation on 11/13/2012, during which a recommendation was made for individual psychological treatment. However, in the absence of more recent clinical notes, it is unclear whether the patient has completed any psychotherapy or cognitive behavioral sessions to date. Additionally, documentation would need to show whether the patient made any subjective and objective gains with individual psychotherapy treatment in order to warrant continued visits. Further, the documentation failed to show evidence of new symptoms or significant worsening in order to warrant a repeat psychological evaluation. Therefore, in the absence of further details regarding the request for a repeat psychological evaluation and treatment, the request is not supported. As such, the request is non-certified.