

Case Number:	CM13-0031841		
Date Assigned:	12/11/2013	Date of Injury:	05/21/2011
Decision Date:	02/11/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology 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 physician 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 claimant is a 56 year-old male (██████████) with a date of injury of 5/21/11. According to medical reports, the claimant sustained medical and neurological injuries when he was involved in a work-related motor vehicle accident that involved being hit head-on by a drunk driver. He has received numerous diagnoses related to those injuries and has been receiving treatment for these injuries since the accident. More recently, the claimant experienced a post-traumatic like reaction to witnessing a motor vehicle accident, which exacerbated symptoms of anxiety and triggered nightmares. In his RFA dated 8/20/13, ██████████ diagnosed the claimant with Post traumatic Stress Disorder. It is this diagnosis most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Assessment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 100-101.

Decision rationale: Based on the review of the medical records, the claimant received CBT psychotherapy services in 2012 and as stated in the Case Management Status Report dated

3/28/13, was authorized for additional sessions in December 2012. It was also noted in that report that [REDACTED] would not be requesting additional sessions. Although the claimant has apparently received psychotherapy services, there were no records offered for review. Despite this, it appears that the claimant experienced an exacerbation of anxiety symptoms when he witnessed a motor vehicle accident in July or August 2013. In his report dated 8/20/13, [REDACTED] indicates that the claimant was experiencing anxiety and nightmares and requested to see a psychologist due to the increase in anxiety. The CA MTUS recommends the use of psychological evaluations in order to assess the need for services and provide treatment recommendations. Since the claimant has not received services in several months and this episode is the result of his witnessing the recent motor vehicle accident, the request for a psychological assessment appears reasonable and therefore, medically necessary.