

Case Number:	CM13-0039370		
Date Assigned:	12/18/2013	Date of Injury:	11/27/2012
Decision Date:	03/26/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/05/2013

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 Otolaryngologist 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 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 patient is a 46-year-old male who reported an injury on 11/27/2012, secondary to a motor vehicle accident. The patient is currently diagnosed with cognitive disorder, major depressive disorder, anxiety disorder, and occupational problems. The patient was seen by [REDACTED] on 09/09/2013. Physical examination revealed a depressed mood, intact sensory perception, and a GAF score of 51. Treatment recommendations included psychiatric evaluation as well as an assessment in treatment with an ear, nose and throat physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy quantity twenty five: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4

psychotherapy visits over 2 weeks. The current request for 25 sessions of psychotherapy treatment greatly exceeds guideline recommendations. Therefore, the request is non-certified.

Referral to Otolaryngology (ENT) physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of a significant deficit upon physical examination. The medical necessity for the requested referral has not been established. Additionally, the requesting provider is a neuropsychological consultant. A referral to an additional specialist should come from the patient's primary treating physician. Based on the clinical information received, the request is non-certified.