

Case Number:	CM13-0062037		
Date Assigned:	03/03/2014	Date of Injury:	06/23/2007
Decision Date:	06/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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:

This is a 60 year old male patient with a June 23, 2007 date of injury. The patient slipped and fell hitting the side of his head. He had no loss of consciousness. He has been treated for postconcussion syndrome. He reports being easily confused, having headaches, memory difficulties, and balance problems. Psychological evaluation form August 27, 2013 noted diagnostic impression of cognitive impairment and depressive disorder. The patient is noted to be on hydrocodone and clonazepam. There is documentation fo a modified authorization for 6 sessions of psychotherapy on November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY (15 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Guidelines, Chapter 15,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: The California MTUS Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as

depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, California MTUS Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, this patient has a 2007 date of injury. The course of conservative treatment has not been clearly delineated, with attempts at previous psychotherapy described. The request exceeds guideline recommendations for an initial trial, which is for 6 sessions with re-evaluation. The request is not medically necessary.