

Case Number:	CM14-0016652		
Date Assigned:	04/11/2014	Date of Injury:	12/27/2012
Decision Date:	05/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The claimant is a 34 year-old male with a date of injury of 12/27/12. The claimant sustained injuries to his head, neck, and back when several 8-10 lb. boxes of cookies fell from a pallet, striking him on the back of his head and neck. He sustained this injury while working for Mondelez International, Inc. In his PR-2 report dated 3/13/14, [REDACTED] noted diagnoses including cervical sprain, cervical radiculopathy, concussion, and anxiety state unspecified/depression. It is also reported that the claimant has experienced psychiatric symptoms secondary to his work-related physical injuries. In his Psychological Consultation Report/Request for Authorization dated 2/5/14, [REDACTED] diagnosed the claimant with depressive disorder, not otherwise specified; anxiety disorder, not otherwise specified; insomnia related to anxiety disorder, not otherwise specified; chronic pain; stress-related physiological response affecting general medical condition; headaches; and rule out mental disorder not otherwise specified due to head trauma. It is the claimant's psychiatric diagnoses that are 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:

EIGHT FOLLOW-UP VISITS WITH A PSYCHOLOGIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Based on the review of the medical records, the claimant received a psychological evaluation from [REDACTED] in February 2014, and was to begin group psychotherapy and relaxation training. The request for eight follow-up visits with a psychologist appears redundant as the claimant is already scheduled to receive psychotherapy services. If the follow-up visits were to provide any other services, it is unknown from the request. Given that the claimant has yet to complete the already authorized sessions/services, the request appears premature and not medically necessary at this time.