

Case Number:	CM14-0129522		
Date Assigned:	08/18/2014	Date of Injury:	12/26/2007
Decision Date:	09/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 41 year old male who was injured in December of 2007. The patient has been seeing a psychiatrist and a psychologist on a monthly basis. He has been receiving Klonopin and Prozac. Clinical information pertaining to his psychiatric/psychological status is sparse but a progress report from March of this year indicates he was more irritable and anxious. He was noted to be on Paxil and Klonopin at that time. His diagnosis was indicated as Adjustment Disorder. On July 17 of this year, a request for coverage for continued care with a psychiatrist and psychologist was reviewed and modified to include three monthly sessions with each. This is an independent review of the unmodified request for continued psychiatric and psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue with psychiatrist and psychologist care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and Treatments Page(s): 23.

Decision rationale: The above do not indicate ongoing treatment psychological treatment for chronic pain conditions, but instead appear to limit the treatment period to no more than 1-2

months. While there is evidence that ongoing treatment is indicated, the request does not encompass a specific number of sessions or time period. As noted above, the previous reviewer modified the request to include monthly medication management and psychotherapy sessions for three months. This appears to have been consistent with the clinical scenario and patient needs and allows for ongoing monitoring of patient progress and authorization of continued treatment as needed. However, the provider's request fails to include enough specific information to establish medical necessity. Therefore, this request is not medically necessary.