

Case Number:	CM14-0037917		
Date Assigned:	06/25/2014	Date of Injury:	05/17/2013
Decision Date:	07/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/31/2014

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 20 year-old female (██████████) with a date of injury of 5/17/13. The claimant sustained an injury to her head and neck. As she was walking back into the front office from the warehouse of her employer, she was struck on the head with an unknown object, causing her to stumble forward. She eventually determined that she was likely struck in the back of the head by some type of ball (i.e. baseball, football, etc.) by a warehouse worker as they were always throwing balls around the warehouse. The claimant sustained this injury while working as an International Customer Service Representative for ██████████. In his "Neurosurgical Primary Treating Physician's Interim Report and Request for Authorization" dated 11/11/13, ██████████ diagnosed the claimant with Post-concussive headaches and dizziness and Cervicalgia. She has been conservatively treated with physical therapy, chiropractic care, and acupuncture. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Psychological Consult Report Request for Treatment Approval" dated 2/3/14, ██████████ diagnosed the claimant with: (1) Pain disorder with associated psychological factors and a general medical condition: (2) Adjustment disorder with anxiety; and (3) Depressive disorder, not otherwise specified (NOS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.
Decision based on Non-MTUS Citation ODG, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress
Related Conditions.

Decision rationale: The ACOEM guideline regarding referrals will be used as reference for this case. Based on the review of the medical records, the claimant has been experiencing chronic pain in addition to anxiety and depression. A request for a psychiatric consultation (with [REDACTED]) was first made by [REDACTED] in September 2013. Because there are no records indicating that this consultation was authorized and/or occurred, one can assume that the claimant has yet to receive a psychiatric consultation. Therefore, the request for a "Referral to a psychiatrist" appears reasonable and medically necessary.

Psychotherapy six (6) to eight (8) biweekly treatment sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment (CA MTUS 2009)(pages 101-102).

Decision rationale: Based on the review of the medical records, the claimant has not participated in any psychotherapy related to her work-related injury and chronic pain. Therefore, the request under review appears to be an initial request for services. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. Given these recommendations, the request for 6-8 biweekly sessions exceeds the number of initial sessions set forth by the CA MTUS. As a result, the request for "Psychotherapy six (6) to eight (8) biweekly treatment sessions" is not medically necessary.