MAXIMUS Federal Services

Case Number:	CM14-0045950		
Date Assigned:	07/02/2014	Date of Injury:	02/10/2014
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 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:

Injured worker is a 47 year old female with date of injury 2/10/2014. Date of the UR decision was 3/27/2014. Mechanism of injury was reported to be stress and concern for her safety due to a student making threats on her life and other students. Report dated 5/14/2014 suggested that she was experiencing symptoms of anxiety, nervousness, fearfulness, lack of appetite, trouble sleeping and shortness of breath. She underwent Psychological testing including Complex Clinical Interview, Mental Status Exam, Beck Depression Inventory (BDI:scored 6/63 indicating mild levels of depression), Beck Anxiety Inventory (BAI: scored 9/63 indicating mild levels of anxiety) and Incomplete Sentence Adult Form. She was diagnosed with Adjustment disorder with mixed anxiety and depressed mood and was given a Global Assessment of Functioning score of 60. Report dated 5/14/2014 suggested that he scored 14/63 on BDI; indicating mild levels of depression and BAI score of 53/63 but was listed to be in "mild range of anxiety". Report from 4/3/2014 indicated BDI score of 12/63 suggesting mild levels. It was documented that the injured worker did not complete BAI. Report dated 2/21/2014 listed that she had been taking Lexapro and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five sessions with diagnostic assessments. Treatment rendered over a course of six months.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACEOM second edition Occupational Medicine Practice Guidelines, Reed Group/the Medical Disability Advisor, and Official Disability guidelines /Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines (Official disability Guidelines 9th Edition)/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Upon review of the submitted documentation, it is gathered that the request for five sessions with diagnostic assessments Treatment rendered over a course of six months is excessive and not medically necessary. The injured worker has gone through Psychological testing on 4/3/14 and 5/14/14 already. The request for five sessions also exceeds the guideline recommendations for initial trial. The request is not medically necessary at this time