

Case Number:	CM13-0036237		
Date Assigned:	12/13/2013	Date of Injury:	11/02/2012
Decision Date:	04/03/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 injured worker is a 33 year old female, who sustained an industrial injury reported on 11/2/2012. She has reported lessened headaches, improved dizziness, and improved depression. The diagnoses were noted to have included: status-post blunt head trauma with concussion; post-concussion syndrome; post-traumatic vestibular dysfunction; and on 9/30/13, she was diagnosed with mild neurocognitive disorder and post-traumatic stress disorder. Treatments to date have included consultations; diagnostic imaging studies; vestibular rehabilitation; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily partially disabled. A re-evaluation report, dated 9/30/2013, noted a neuropsychological evaluation done on 8/21/2013 that diagnosed mild neurocognitive disorder and post-traumatic stress disorder, for which 6 psychotherapy sessions and continued vestibular rehabilitation were recommended. The request for authorization, dated 10/2/2013, for the 6 sessions of psychotherapy for post-traumatic stress disorder is based on this 8/21/2013 neuropsychological evaluation report, however, the neuropsychological evaluation report was not available for review by UR and therefore, a non-certification decision was rendered. On 10/10/2013, Utilization Review (UR) non-certified, for medical necessity, the request, made on 10/3/2013, for psychotherapy x 6 sessions. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, psychological treatment; and the Official Disability Guidelines, psychotherapy guidelines, cognitive behavioral therapy for chronic pain, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Head ChapterCognitive Therapy.

Decision rationale: Based on the limited medical records submitted for review, the injured worker experienced a work-related head injury for which continued symptoms are evident. According to [REDACTED] neurological re-evaluation report dated 9/30/13, the injured worker completed a neuropsychological evaluation in August 2013 and it was recommended in that report that the injured worker receive follow-up psychological services in the form of 12 psychotherapy sessions. The request under review from [REDACTED] is based on the recommendations from the neuropsychological report. Unfortunately, the August 2013 neuropsychological report with the treatment recommendations was not submitted for review. Without this report, there is no first-hand documentation identifying the psychological factors interfering with the injured worker's functioning nor is there any information pertaining to the rationale for the recommended services. The only information available is [REDACTED] second-hand account of the report, which does not present sufficient information to substantiate the request. As a result, the request for psychotherapy X6 sessions is not medically necessary.