

Case Number:	CM14-0191831		
Date Assigned:	11/25/2014	Date of Injury:	04/10/2006
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 injured worker is a 51 year-old male [REDACTED] with a date of injury of 4/10/06. The injured worker sustained orthopedic injuries as well as injury to his psyche when he was involved in a robbery in which he was pistol whipped and a fight ensued were the injured worker was lifted twisted and fell. The injured worker sustained these injuries while working for [REDACTED]. In his "Primary Treating Physician" report dated 9/16/14, [REDACTED] diagnosed the injured worker with the following: (1) Anxiety; (2) Fitting and adjustment neuropacemaker (brain) (peripheral nerve) (spinal cord), chronic; (3) Myalgia and myositis, unspecified, chronic; (4) Muscle spasms; (5) Posttraumatic stress disorder, chronic; (6) Degenerative disc disease; (7) COAT; (8) Superior glenoid labrum lesion; (9) Radiculopathy thoracic or lumbosacral; (10) Low back pain; (11) Depression, chronic; (12) Neck pain; (13) Failed back surgery syndrome lumbar; (14) Chronic pain due to trauma, chronic; and (15) Pain in joint involving shoulder region, chronic. Additionally, in the "Report of Consultation" dated 10/25/4, [REDACTED] indicated that the injured worker "suffers from PTSD and Major Depression". The request under review is for continued mental health treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing treatment with a mental health provider: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive therapy for PTSD. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

Decision rationale: The CA MTUS does not address the treatment of PTSD nor depression; therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has been treated for his psychiatric symptoms by [REDACTED]. Unfortunately, there is only one medical record included for review which describes utilizing alpha-stim as the primary treatment modality. There is no information about CBT sessions or any objective functional improvements of the treatments. Without this information, the need for additionally services cannot be determined. Additionally, the request for "Ongoing treatment with a mental health provider" remains too vague as it does not indicate the modality of treatment being used, the number of sessions being requested (if CBT), nor the frequency of the sessions. As a result, the request for "Ongoing treatment with a mental health provider" is not medically necessary.