

Case Number:	CM14-0199149		
Date Assigned:	12/09/2014	Date of Injury:	01/31/2007
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Psychiatrist (MD), 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 62 year old male with date of injury 1/31/2007. Date of the UR decision was 10/28/2014. Injured worker sustained head trauma when he fell off a ladder while performing his work duties. Per report dated 6/13/2014, the injured worker presented with bilateral neck pain. It was suggested that he underwent a neuropsychological evaluation for memory problems and headaches associated with neck pain. He was diagnosed with post-concussion syndrome, Gastritis, Carpal tunnel syndrome, knee pain and depressive disorder. It was documented that he was in treatment with a Psychiatrist and a Psychologist and that psychotherapy was helping the injured worker in terms of his depression. Per Psychologist report dated 2/5/2014, the injured worker has been diagnosed with chronic pain syndrome associated with both psychological factors and general medical condition and major depression with anxiety. He was being prescribed Klonopin 0.5 mg twice daily, Mirtazapine 15 mg at bedtime, Sertraline 100 mg and Prilosec 20 mg daily per that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology sessions #6: Upheld

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

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 Illness & Stress, Cognitive Therapy for Depression

Decision rationale: The injured worker encountered head trauma status post a fall at work. He is being treated for post-concussion syndrome and depression. Injured worker has been in treatment with a psychologist and a psychiatrist. The request for Pain psychology sessions #6 is excessive and is not medically necessary based on lack on information regarding past psychotherapy treatment and the response from it.