

Case Number:	CM15-0100390		
Date Assigned:	06/02/2015	Date of Injury:	06/24/2013
Decision Date:	07/07/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/26/2015

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 50 year old male, who sustained an industrial injury on 6/24/13. He reported pain in his left arm and neck due to lifting a heavy object. He began to feel anxious and depressed about losing his job. The injured worker was diagnosed as having anxiety and depression. Treatment to date has included physical therapy, psychotherapy, left shoulder surgery on 5/16/14 and oral pain medications. On 6/3/14, the injured worker scored a 19 on the Beck Anxiety Inventory (BAI). As of 9/25/14, the injured worker reports persistent depression with symptoms of agitation and a lack of motivation. The treating physician noted that without further emotional treatment, the injured worker's symptoms would escalate. The QME report dated 11/20/14 indicated that the injured worker was psychiatrically temporarily totally disabled and recommended 3-6 months of cognitive behavioral therapy. The treating physician requested retro review for psychotherapy services for date of service 5/28/14-2/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review for psychotherapy services for DOS 5/28/14 - 2/19/15: 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 Psychological Evaluations; Biofeedback Page(s): 100-101; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 6/3/2014. It is unclear as to why an evaluation was conducted without prior authorization. In the report, [REDACTED] recommended follow-up services including an initial 6 psychotherapy sessions and 6 biofeedback sessions. It appears that the injured worker did receive follow-up services however, prior authorization was not obtained. It is unclear exactly how many total psychotherapy and biofeedback sessions were completed following the evaluation. Additionally, it is also unclear as to all of the psychological services that are included in the request currently under review. Although the psychological evaluation appears to have been needed as well as some of the follow-up services, the request for retro review for psychotherapy services for DOS 5/28/14-2/19/15 remains too vague and generalized. Without more specific information about the exact services to be reimbursed, the request for retro review for psychotherapy services for DOS 5/28/14-2/19/15 is not medically necessary.