

Case Number:	CM15-0106092		
Date Assigned:	06/10/2015	Date of Injury:	08/03/2013
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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 (IW) is a 62-year-old male who sustained an industrial injury to the left hand on 8/03/2013. The left hand was fractured, but not casted. Diagnoses include depressive disorder not otherwise specified, general anxiety disorder and insomnia. Treatment to date has included medications and physical therapy. According to the Preliminary Psychological Evaluation dated 3/27/15 the IW reported variable left hand pain associated with weakness, back pain and neck pain; difficulty sleeping and daily stomach pain. He also reported decreased energy and diminished ability to concentrate. On examination, the IW was somewhat depressed and demoralized. He had some thoughts and feelings of hopelessness and helplessness. He was more frustrated than usual and more withdrawn. The provider also noted the IW was anxious, tense, uptight, worrisome and insecure. His Beck Depression and Anxiety Inventory scores were 22 and 26, respectively. A request was made for four cognitive behavioral psychotherapy sessions to be increased to 10 with evidence of functional improvement and psycho diagnostic testing to fully assess the IW for diagnosis and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Cognitive Behavioral Psychotherapy Sessions x10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 limited medical records, the injured worker completed a preliminary psychological evaluation with [REDACTED] in February and a full psychological evaluation in March 2015. Unfortunately, [REDACTED] evaluation report was not included for review. Without information regarding psycho diagnostic testing and treatment recommendations, the need for follow-up psychological services cannot be fully determined. As a result, the request is not medically necessary.

Psycho diagnostic Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the limited medical records, the injured worker completed a preliminary psychological evaluation with [REDACTED] in February and a full psychological evaluation in March 2015. Unfortunately, [REDACTED] evaluation report was not included for review. Without information regarding psycho diagnostic testing and treatment recommendations, the need for follow-up psychological services including additional psycho diagnostic testing cannot be fully determined. As a result, the request is not medically necessary.