MAXIMUS Federal Services

Case Number:	CM15-0147699		
Date Assigned:	08/24/2015	Date of Injury:	11/21/2009
Decision Date:	09/21/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year old male sustained an industrial injury to the head, facial bones, neck and back during an assault on 11/21/2009. He is currently receiving ongoing care for depression and PTSD with psychiatric care, psychotherapy and cognitive behavioral therapy. In a PR-2 of 07/16/2015, he reported fewer nightmares of the assault and was less fearful of his life. He was feeling positive about his future and remained optimistic about his new career. He had completed 10 sessions of CBT via telephone. UR of 07/24/2015 modified the request of 7 hours of psychiatric testing to four hours. Records provided do not show whether or not the patient received testing. Current diagnoses included PTSD with depression and sleep disturbance. The treatment plan included psychiatric reevaluation with psychiatric testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric testing (hours) qty: 7: 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 Page(s): 100-101 of 127.

Decision rationale: The patient suffers from depression and PTSD and has completed a course of CBT via telephone, but residual symptoms remain. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. UR of 07/24/2015 modified the request of 7 hours of psychiatric testing to four hours. There were no records provided showing that the patient received those hours. This request is therefore not medically necessary until further documentation is submitted.