

Case Number:	CM15-0202449		
Date Assigned:	10/19/2015	Date of Injury:	02/13/2014
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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: Preventive Medicine, Occupational Medicine

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 39 year old male who sustained an industrial injury on 2-13-14. The diagnoses per the request for authorization (6-9-15) are traumatic brain injury, lability and depression, and neck pain. Subjective complaints (6-9-15) include daily neck and right arm pain rated at 7 out of 10, Zoloft seemed to decrease frequency of crying and anger. Objective findings (6-9-15) include Zoloft caused nausea, so changed to Celexa, speech therapy is helping, still having coping and emotional lability, and (3-10-15) emotional lability and anger is noted. Previous treatment includes medication, speech therapy and physical therapy. The requested treatment of counseling was non-certified on 9-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Counseling: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker suffers from complications due to a traumatic brain injury. He has participated in speech therapy, and physical therapy but continues to have trouble with depression, anxiety and emotional outbursts. There is no documentation of previous psychological counseling, therefore, the request for a referral for counseling is determined to be medically necessary.