

Case Number:	CM15-0204594		
Date Assigned:	10/21/2015	Date of Injury:	11/02/2010
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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 62 year old female injured worker suffered an industrial injury on 11-2-2010. The diagnoses included rotator cuff syndrome and lumbar strain-sprain. On 9-23-2015 the psychiatric consultant provider reported a diagnosis of depressive disorder and anxiety disorder due to fear of retribution from a criminal incident she witnessed at work. The injured worker did not want to take medication. The consultant recommended she should be evaluation and treated by a psychologist for psychotherapy and recommended counseling. Prior treatment included Paxil that made her feel worse. The Utilization Review on 10-5-2015 determined non-certification for Outpatient psychotherapy evaluation and psychotherapy time six (6) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotherapy evaluation and psychotherapy time six (6) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. 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 experienced an incident at work in October 2014 that triggered psychiatric symptoms of depression and anxiety, separate from her work-related injury of 2010. In the psychiatric consultation report dated 9/23/15, evaluating psychiatrist, [REDACTED], diagnosed the injured worker with both a depressive disorder and an anxiety disorder. It was recommended in the report that the injured worker complete an evaluation with a psychologist as well as obtain follow-up psychotherapy services. According to [REDACTED], the recommendation seconded that of QME, [REDACTED]. According to [REDACTED]' report, the injured worker had completed a psychological evaluation with QME, [REDACTED], on 7/8/15. Unfortunately, [REDACTED]' report was not included for review. As a result, it is unclear whether the injured worker completed any psychological testing as part of a thorough evaluation or simply completed a mental status exam as she did with [REDACTED]. This information is relevant to this review as it is unclear whether the injured worker needs a thorough evaluation or whether the evaluation from [REDACTED] is sufficient. If [REDACTED]' evaluation is sufficient, then the request for an additional evaluation is unnecessary and only follow-up treatment should be requested. If the evaluation is not sufficient, an additional evaluation needs to be conducted and the request for follow-up psychotherapy is premature. As a result, the current request for a psychotherapy evaluation and 6 follow-up psychotherapy sessions is not medically necessary.