

Case Number:	CM15-0206078		
Date Assigned:	10/22/2015	Date of Injury:	07/21/2007
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This is a 63 year old male with a date of injury of July 21, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic stress disorder. Medical records dated August 6, 2015 indicate that the injured worker complained of flashbacks, anger, anxiety, depression, sleep disturbances, and continued intrusive distressing recollections. A progress note dated October 1, 2015 documented complaints similar to those reported on August 6, 2015. The exam dated August 6, 2015 reveals a score of 7 on the Beck Anxiety inventory (mild), a score of 26 on the Beck Depression inventory (moderate; increased from 15 on July 14, 2015), and a score of 22 on the posttraumatic stress diagnostic scale (severe; increased from 18 on July 14, 2015). The progress note dated October 1, 2015 documented a physical examination that showed a score of 8 on the Beck Anxiety Inventory, and score of 23 on the Beck Depression Inventory, and a score of 21 on the posttraumatic stress diagnostic scale. Treatment has included cognitive behavioral therapy, six sessions of biofeedback, twelve sessions of psychotherapy, and medications (Ambien). The utilization review (October 15, 2015) non-certified a request for evaluation at the [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation at the [REDACTED]: Upheld

Claims Administrator 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 procedure.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric and psychological services intermittently since 2007 as a result of cumulative trauma resulting in PTSD and depressive symptoms. He has been treating with psychologist, [REDACTED], for quite some time. Although [REDACTED] has been able to demonstrate some improvements in symptoms and functioning for the injured worker, the injured worker has remained symptomatic and recently experienced an exacerbation in symptoms due to being triggered. In the most recent progress report from October 2015, [REDACTED] recommended that the [REDACTED], an intensive, 6-day retreat for first responders, evaluate the injured worker. According to the ACOEM, referrals to outside providers may be necessary when treatment is outside the scope of practice for treating physicians. Although [REDACTED] has been treating the injured worker, it is assumed that his recommendation reflects his belief that the injured worker would benefit from a specialized, higher level of care. Unfortunately, there is a lack of documentation from [REDACTED] regarding his complete rationale for the recommendation as well as information about the program and its evaluation process. As a result, although the program/retreat may be quite beneficial for the injured worker, the request is not medically necessary at this time.