

Case Number:	CM15-0031419		
Date Assigned:	02/24/2015	Date of Injury:	08/15/2014
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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 injured worker is 64 year old male who sustained an industrial injury on 8/15/14 in the form of an assault while working as a psychiatric social worker. Current symptoms include sharp dull achy with burning sensation in the cervical spine with radiation to the bilateral upper extremities with numbness and tingling. His pain intensity is 7-8/10. His activities of daily living are limited. His medications are Tranxene, tramadol, aspirin. Diagnoses include posttraumatic stress disorder with depression and sleep disturbance; alcohol abuse; cervical strain; trapezius strain; rhomboid strain; ligament and muscle strain, sprain; multiple trigger points in the cervical spine in six different muscle groups. Treatments to date include rest, medications, physical therapy was requested and denied and acupuncture was requested but no record if it was received. Diagnostics include cervical MRI demonstrating degenerative disc disease with neuroforaminal stenosis and nerve root impingement. In the progress note dated 9/24/14 the treating provider recommended ten sessions of cognitive behavioral, one-on-one psychotherapy. Progress note dated 10/6/14 indicates the injured worker remains unchanged in symptomatology. On 1/8/15 the treating provider requested psychotherapy, beck Anxiety Inventory and beck Depression Inventory. On 1/20/15 Utilization Review non-certified the requests for Psychotherapy, one time per week times 6 months; Beck Depression Inventory (BDI) one time every four weeks for six months; Beck Anxiety Inventory (BAI) one time, every four weeks for six months citing ODG: Mental health Guidelines; MTUS: Chronic Pain Medical Treatment Guidelines: Pain Chapter respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy one time a week for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Cognitive therapy for PTSD (post traumatic stress disorder).

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 PTSD.

Decision rationale: Based on the review of the medical records, the injured worker received some initial psychological services from [REDACTED] and [REDACTED] however, the scope of treatment is unclear as there were only two PR-2 reports submitted for review dated 10/10/14 and 10/14/14. On 11/19/14, the injured worker completed an initial psychiatric evaluation with [REDACTED]. In that report, [REDACTED] recommended follow-up psychotherapy services, ongoing psychological testing using the BDI and BAI, as well as continued medication management services. The requests under review are based on these recommendations. Although the injured worker is in need of further psychotherapy, the request for psychotherapy sessions one time a week for six months is excessive and exceeds the number of recommended sessions set forth by the ODG. As a result, the request is not medically necessary. It is noted that the injured worker did receive a modified authorization for 6 sessions over 6 weeks in response to this request.

Beck Depression Inventory (BDI) one time every four weeks for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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, Beck Depression Inventory (BDI).

Decision rationale: Based on the review of the medical records, the injured worker received some initial psychological services from [REDACTED] and [REDACTED] however, the scope of treatment is unclear as there were only two PR-2 reports submitted for review dated 10/10/14 and 10/14/14. On 11/19/14, the injured worker completed an initial psychiatric evaluation with [REDACTED]. In that report, [REDACTED] recommended follow-up psychotherapy services, ongoing psychological testing using the BDI and BAI, as well as continued medication management services. The requests under review are based on these recommendations. It appears that [REDACTED] submitted two separate RFA's on 1/8/15, both of which requesting the use of the BDI. As a result, the request under review is a duplicate and is not medically necessary. It is noted that the injured worker received authorization for the use of the BDI 1X/every 6 weeks in response to the other RFA.

Beck Anxiety Inventory (BAI) one times every four weeks for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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, Beck Depression Inventory (BDI).

Decision rationale: Based on the review of the medical records, the injured worker received some initial psychological services from [REDACTED] and [REDACTED] however, the scope of treatment is unclear as there were only two PR-2 reports submitted for review dated 10/10/14 and 10/14/14. On 11/19/14, the injured worker completed an initial psychiatric evaluation with [REDACTED]. In that report, [REDACTED] recommended follow-up psychotherapy services, ongoing psychological testing using the BDI and BAI, as well as continued medication management services. The requests under review are based on these recommendations. It appears that [REDACTED] submitted two separate RFA's on 1/8/15, both of which requesting the use of the BAI. As a result, the request under review is a duplicate and is not medically necessary. It is noted that the injured worker received authorization for the use of the BAI 1X/every 6 weeks in response to the other RFA.