

Case Number:	CM15-0054715		
Date Assigned:	03/30/2015	Date of Injury:	10/04/1995
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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 a 49 year old male, who sustained an industrial injury on 10/4/1995. The current diagnoses are major depressive disorder with underlying psychotic disease, polysubstance abuse, in remission, borderline personality disorder, headaches, low back pain, and hypertension. The most current progress report found within the medical records was dated 4/13/2005, the injured worker complained of getting confused at times and rambling on, headaches, forgetfulness, poor concentration, poor oral dentition, dry mouth, getting upset, crying, and isolating himself from others. The medications were Lamictal, Prevacid, Accupril, Trazadone, Zoloft, Valium, Codeine, Flurazepam, and a stool softener. Treatment to date has included medication management, CT of the head, MRI of the brain, and psychotherapy sessions. The plan of care includes 6 additional psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy visits, 1 time monthly for 6 months (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychotherapy Guidelines.

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 Behavioral Therapy.

Decision rationale: There were no recent medical records submitted for review. It is assumed that the injured worker was evaluated by [REDACTED] and/or a colleague however, that report was not included for review. The most recent report is dated 2005, which is irrelevant to the current request. Without current information regarding the injured worker's symptoms, functioning, etc., the need for any additional psychological services cannot be determined. As a result, the request for 6 monthly psychotherapy visits is not medically necessary.