MAXIMUS Federal Services

Case Number:	CM15-0058502		
Date Assigned:	04/03/2015	Date of Injury:	01/22/2007
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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 39 year old female, who sustained an industrial injury on 1/22/2007. She reported a motorcycle accident, work related, with subsequent brain injury. The injured worker was diagnosed as having adjustment disorder with anxiety, major depression, recurrent, and rule out posttraumatic stress disorder. Treatment to date has included 4 reconstructive surgeries and medications. Currently, the injured worker complains of struggling more emotionally in the past year. She reported depressed mood, insomnia, fatigue, loss of interest, anhedonia, isolation/ withdrawal, poor concentration, feelings of helplessness and despair, indecisiveness, and difficulties with activities of daily living. PHQ-9 Adult Depression Screening score was 14. It was documented that she had a family history of posttraumatic stress disorder. Current medications included Cymbalta, Vistaril, Trazodone, and Lamotrigine. She reported that she not received any previous mental health treatment. The treatment plan included continued individual counseling and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mental health treatment x 20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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 depression.

Decision rationale: Based on the review of the medical records, the injured worker was assessed on 2/17/15 by [redacted], under the supervision of [redacted], [redacted]. In the assessment, it was recommended that the injured worker receive follow-up psychological services for which the request under review is based. The ODG recommends an "initial trial of 6 visits." Given this guideline, the request for 20 visits is excessive and unreasonable. As a result, the request is not medically necessary.