

Case Number:	CM15-0080594		
Date Assigned:	05/01/2015	Date of Injury:	01/11/2006
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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 51 year old male, who sustained an industrial injury on 1/11/05. The injured worker has complaints of auditory/visual hallucinations and paranoid delusions. The injured worker is positive for loosening of associations; feelings of hopelessness and complaints of insomnia. The diagnoses have included bipolar 1 disorder, most recent episode depressed; specific personality traits or disorders; schizoaffective disorder and generalized anxiety disorder. Treatment to date has included physical therapy; spinal surgery; laminectomy; computerized tomography (CT) scan and psychiatric medications. The request was for continued psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued psychological treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

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 has been receiving psychiatric services from [REDACTED] and psychological treatment from [REDACTED]. The request under review is for an unknown quantity of continued services with [REDACTED]. Unfortunately, there is only one record, dated 12/15/14, from [REDACTED]. Without information about all of the prior services that the injured worker has completed with [REDACTED], including the exact number of sessions to date and the objective functional improvements of those sessions, the need for any additional treatment cannot be fully determined. As a result, the request for continued psychological treatment is not medically necessary.