

<b>Case Number:</b>	CM15-0088431		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 58 year old female, who sustained an industrial injury on 9/13/2007, as a result of continuous trauma. The injured worker was diagnosed as having pain disorder, major depressive disorder, and anxiety with panic attacks. Treatment to date has included diagnostics, unspecified amount of mental health treatment sessions, and medications. Currently (4/22/2015), the injured worker report a hospitalization on 4/01/2015 due to kidney infection and cardiac arrest. She reported that she attempted to work on 4/16/15 and 4/17/15 but felt worse. She reported difficulty with activities of daily living, rising, and walking. Symptoms felt worse and she was unable to eat and was sleeping 11 hours per day. Medication use included Prozac, Mirtazapine, Adderall, Lorazepam, and Ibuprofen. Her affect appeared depressed and she had difficulty maintaining alertness, breathing, and ambulating. A relative was instructed to take the injured worker to urgent care. The treatment plan included referrals for cardiac and neurological evaluation and continued psychotherapy 1-2x months for 45 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services from treating psychologist, [REDACTED], for quite some time. In the most recent progress report dated 4/22/15, [REDACTED] indicates that the injured worker was hospitalized due to kidney issues and cardiac arrest. He notes a loss of consciousness. In the report, he recommends a referral to a neurologist. Unfortunately, there is no documentation indicating the need for the referral. It is assumed that the referral may be due to the LOC however, it is not articulated in that way. Although [REDACTED] works in the field of neuropsychology, the documentation submitted does not provide adequate information nor rationale for the requested referral. As a result, the request for a neurologist is not medically necessary.

**Psychotherapy 1 time per week to 2 times per month for 45 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**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 psychological services from treating psychologist, [REDACTED], for quite some time. Although the number of completed sessions to date was not noted within [REDACTED]'s most recent progress report dated 4/22/15, UR indicated that the injured worker has completed approximately 30 psychotherapy sessions. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made". It further suggests that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Although additional treatment may fall within the recommended number of services for severe depression cases, the documentation provided does not provide enough information or evidence that progress is being made. As a result, the request for additional psychotherapy 1 time per week to 2 times per month for 45 days is not medically necessary.