

Case Number:	CM14-0145516		
Date Assigned:	09/12/2014	Date of Injury:	02/19/1996
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Psychiatry & Neurology, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the ACOEM and ODG guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. They have limited value. In this case, the results did not alter management, pain or function. The exam was also not anatomically or physiologically specific for the sensory deficit. The NCV of the right leg was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional individual Psychotherapy, once or twice weekly, or weekly or twice monthly depending on level of suicide risk.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

Decision rationale: The patient was able to agree to maintain a suicide agreement with [REDACTED]. According to the report, suicidal ideation was not as much of an issue at that time. In any case, there was no intent or plan documented at that time. Homicidal ideation was nonspecific and did not include a plan or intent. The patient had been in psychotherapy for at

least 2 years and has received at least 38 sessions. Although the patient has shown objective functional improvement in his ability to utilize coping skills learned through cognitive behavioral therapy, he continues to experience frequent exacerbations of major depressive episodes with suicidal ideation. The "gold standard" for patients with severe major depressive disorder is psychotherapy and medication management, and this patient may in fact show further improvement if he were to receive treatment of this nature given the severity of his illness. According to records provided for review he has not received a consultation with a psychiatrist to evaluate the patient for medication management, and there does not appear to be a history of the patient having had a trial of any medications which might help alleviate symptoms of major depressive disorder and impulsivity. At that time the patient did not appear to be a danger to self or others. If in the future he violates the suicide agreement and becomes actively suicidal with plan and intent, or shows signs of becoming a true danger to others (e.g. active homicidal ideation with plan and intent), the appropriate and necessary action per community standard to insure the safety of both the patient and the public would be to immediately call the appropriate authorities who could place the patient on a 5150 hold. The request above is nonspecific as written and does not conform to ODG guidelines. As such this request is not medically necessary.