

Case Number:	CM14-0147549		
Date Assigned:	09/15/2014	Date of Injury:	06/13/2014
Decision Date:	11/19/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 licensed in Psychology 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 medical records that were provided for this independent review, this patient is a 54-year-old female who reported an industrial/occupational work-related injury that occurred on June 13, 2014 during the patients with normal work duties for the [REDACTED]. However, it is noted that on the date of injury while undergoing work stress (her boss was yelling at her and gesturing at her) she experienced memory loss lasting approximately 14 hours and that when her spouse picked her up from work she appeared confused and unable to remember she even called her husband and repeatedly was asking questions over and over again. She reports having ongoing anxiety, fearfulness, and excessive sleeping with a lack of confidence in her own judgment and thinking with severe headache. She has a prior mental health diagnosis of Bipolar Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Treatment, 2-3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 6/12/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions and Psychological treatment Page(s): 23-24 and 101-102.

Decision rationale: According to the California MTUS guidelines, psychological treatment is a recommended procedure appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes goal-setting, determining the appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder and posttraumatic stress disorder. The protocol for having a new patient enter treatment involves an initial treatment trial that consists of 3 to 4 sessions (MTUS guidelines) for up to six sessions (ODG) to determine if the patient responds to the initial treatment or not with documented objective functional improvements. This request for 2 to 3 sessions per week for four weeks (which translates to 8 to 12 sessions) exceeds the recommended guidelines for the initial treatment trial. The request for treatment sessions that exceed the recommended guidelines for an initial treatment trial have not been justified by the medical records that were provided. Therefore, the request is not medically necessary.