

Case Number:	CM14-0159655		
Date Assigned:	10/03/2014	Date of Injury:	10/14/2008
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Psychologist and is licensed to practice in Utah. 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:

This is a 52-year-old year old male with a 10/14/08 date of injury after a fall causing sprains o the neck and wrist and suffered a concussion and loss of consciousness. The patient was noted to be at MMI psychologically-based on a 7/16/12 report where the patient was diagnosed with depression and was noted to not be feigning psychiatric illness or malingering psychopathology. His GAF was noted to be 61. The patient was seen on 1/16/14 and his mental status exam was noted to be within functional limits. His mini mental status exam revealed 2out of 3 object recall, he was unable to spell world backwards and unable to perform serial 7's. The patient was able to follow 2 out of 3 step commands. His diagnosis is post concussive syndrome. The recommendation was a referral to a neuropsychologist for an evaluation given the patient's cognitive deficits. The patient was most recently seen on 5/29/14 for a follow up visit. He was noted to have cognitive deficits and a diagnosis of traumatic brain injury, anxiety, and depression. A referral for individual adjustment counseling was recommended. A progress note dated 12/16/13 noted the patient had a prior history of anxiety and depression Treatment to date: medications, vestibular therapy, and physical therapy.The UR determination dated 9/10/14 denied the request given the patient is at MMI psychologically and no medical rational was given for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological and adjustment counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. This patient was noted to have a 2012 psychological evaluation, which revealed the patient was at MMI and had a GAF of 61. The patient was noted to have cognitive deficits however there is a lack of documentation regarding the patient's most recent mental status exam findings with regard to his diagnosis of anxiety and depression, as well as any prior history of therapy. The rationale for adjustment counseling is unclear as there is no clear diagnosis of adjustment disorder and the patient is 6 years out from his date of injury. In addition a number of sessions were not provided in the request. Therefore, the request for psychological and adjustment counseling was not medically necessary.