

<b>Case Number:</b>	CM14-0183560		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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:

The claimant is a 53 year-old male (██████████) with a date of injury of 3/16/12. The claimant sustained physical injuries as well as injury to his psyche when he was assaulted by a co-worker and hit in the face multiple times, which resulted in facial fractures. The claimant sustained this injury while working as the executive director of food and beverage for the ██████████. In their "Follow-Up Report, Review of Medical Records, and Request for Authorization of a Primary Treating Physician" dated 10/7/14, ██████████, and ██████████ offered the following impressions: (1) Multilevel lumbar disk protrusions; (2) Lumbosacral spine radiculopathy; (3) Chronic cervical pain; (4) History of facial fracture with dental pain; (5) Depression and anxiety; (6) Insomnia; and (7) Daily headaches. Additionally, in his "Initial Orthopedic Joint Panel Qualified Medical Evaluation" dated 6/27/14, ██████████ diagnosed the claimant with: (1) Status post fist punches to the face without residual. Possible healed fracturing of the maxillary region; (2) Almost complete absence of teeth in the upper portion of the jaw with two remaining teeth in the upper right with full denture in place with normal pain-free opening and closing of jaw; (3) Complaints of neck pain without neurologic nor mechanical deficit; (4) Complaints of intermittent bilateral shoulder and arm pain without neurologic not mechanical deficit; (5) Complaints of low back pain without neurologic nor mechanical deficit; and (6) Complaints of bilateral leg pain with right leg worse than left without neurologic nor mechanical deficits. In regards to the claimant's psychiatric symptoms, treating psychologist, ██████████ diagnosed the claimant with Posttraumatic Stress Disorder in addition to exhibiting symptoms of depression and anxiety. The claimant has been receiving psychotherapy services with ██████████ since October 2012. The requests under review pertain to a new patient psychological evaluation, testing, and treatment and have been requested by ██████████.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**New patient initial psychology visit to include 2.5 hours of examination/face-to-face time:**  
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, 2nd Edition, 2004, page 127; and the Non-MTUS Official Disability Guidelines, Mental Illness & Stress (updated 6/12/14), Office Visits

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009)  
Page(s): 1.

**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain as well as psychiatric symptoms since his injury in March 2012. It appears that the claimant was initially evaluated by [REDACTED] in October 2012 resulting in a psychological evaluation report dated 11/10/12. The claimant participated in follow-up psychotherapy sessions with [REDACTED] until September 2014. It is unclear as to why the claimant has been referred to [REDACTED] as there is no documentation within the records. In fact, in his "Primary Treating Physician Pain Management Follow-Up Report" dated 9/8/14, [REDACTED] wrote, "...he has benefitted from Lexapro for his depression and anxiety in addition to his treatment with [REDACTED]. Without having any information nor documentation about the change in providers, the need for a new psychological evaluation cannot be fully determined. As a result, the request for a "New patient initial psychology visit to include 2.5 hours of examination/face-to-face time" is not medically necessary. It is noted that the claimant received a modified authorization for a "new patient psychology visit to include 1.5 hours of examination face-to-face time and 1 hour to review past psychological records" in response to this request.

**6 units of psychology testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations, Psychological. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009)  
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**Decision rationale:** The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain as well as psychiatric symptoms since his injury in March 2012. It appears that the claimant was initially evaluated by [REDACTED] in October 2012 resulting in a psychological evaluation report dated 11/10/12. The claimant participated in

follow-up psychotherapy sessions with [REDACTED] until September 2014. It is unclear as to why the claimant has been referred to [REDACTED] as there is no documentation within the records. In fact, in his "Primary Treating Physician Pain Management Follow-Up Report" dated 9/8/14, [REDACTED] wrote, "...he has benefitted from Lexapro for his depression and anxiety in addition to his treatment with [REDACTED]. Without having any information nor documentation about the change in providers or rationale for a new evaluation, the need for new psychological testing cannot be fully determined. As a result, the request for "6 units of psychology testing" is not medically necessary.

### **3 sessions of psychotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations, Psychological. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

**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

**Decision rationale:** The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference. Based on the review of the medical records, the claimant has continued to experience chronic pain as well as psychiatric symptoms since his injury in March 2012. It appears that the claimant was initially evaluated by [REDACTED] in October 2012 resulting in a psychological evaluation report dated 11/10/12. The claimant participated in follow-up psychotherapy sessions with [REDACTED] until September 2014. It is unclear as to why the claimant has been referred to [REDACTED] as there is no documentation within the records. In fact, in his "Primary Treating Physician Pain Management Follow-Up Report" dated 9/8/14, [REDACTED] wrote, "...he has benefitted from Lexapro for his depression and anxiety in addition to his treatment with [REDACTED]. [REDACTED]." Without having any information nor documentation about the change in providers the need for psychological services from [REDACTED] cannot be fully substantiated. As a result, the request for "3 sessions of psychotherapy" is not medically necessary.