MAXIMUS Federal Services

Case Number:	CM14-0098161		
Date Assigned:	07/28/2014	Date of Injury:	08/05/2013
Decision Date:	10/15/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine 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:

This is a 69-year-old male who reported an industrial injury on 8/5/13, 14 months ago, attributed to the performance of his usual and customary job tasks. The patient reported persistent tinnitus, vertigo, and headaches. The CT scan of the head was normal. The patient was prescribed Meclizine, NSAIDs, and Ambien. The treatment plan included treatment evaluation; Psychotherapy; and speech therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2-3 times a week for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head; Cifu, 2009; McDonald, 2002

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental stress chapter-psychological evaluation; pain chapter, behavioral interventions, psychological treatment chapter 6 pages 115-117; chronic pain chapter revised 2008 pages 224-226

Decision rationale: The request for authorization of an evaluation and treatment with a psychologist/psychiatrist without a rationale or mental status to support medical necessity is not supported with subjective/objective evidence. The consultation/referral is made for reported stress and depression related to the cited diagnoses. There is no documented physical examination with a mental status evaluation or any documented objective findings consistent with depression or anxiety. There is no demonstrated psychiatric industrial injury. The request for the psychiatric treatment 2-3/week for three months is not supported by any objective evidence in the clinical documentation. The patient is 14 months s/p DOI with no prior documentation of a depressive or anxiety disorder. The treating physician failed to document any ongoing objective signs of depression or anxiety in the objective findings on examination. There is no documented mental status examination and not documented depression associated with chronic pain issues. There was no rationale or nexus for the stated "symptoms" in relation to the mechanism of injury. There is no prior documentation of anxieties or depression for this patient and there is no rationale for the apparent change in mental status. Therefore, the request for psychotherapy 2-3 times a week for 3 months is not medically necessary and appropriate.

Speech Therapy 3 times a week for 6 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head: Speech Therapy (ST); McCurtin, 2012; Brady, 2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary Guidelines for the practice of medicine.

Decision rationale: The patient was noted to have normal speech on the objective findings on examination. There was no demonstrated on speech issue over the past 15 months since the DOI. The patient is not noted to have had cognitive issues. There was no rationale supported with objective findings to support the medical necessity of the requested speech therapy 3/week for 6 weeks. There was no rationale supported with objective evidence to support the medical necessity of speech therapy or occupational therapy for the objective findings documented on examination. There was no specificity as to the Occupational Therapy request. The requesting provider prescribed speech therapy and occupational therapy without establishing medical necessity. There was no baseline issue there and there was no documentation of prior speech therapy based on the cited mechanism of injury. The request for treatment was not supported with sufficient objective evidence to establish medical necessity for speech therapy in relation to the treatment plan 14 months status post DOI.