

Case Number:	CM15-0018032		
Date Assigned:	02/05/2015	Date of Injury:	05/01/2013
Decision Date:	07/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 injured worker (IW) is a 53 year old female who sustained an industrial injury on 05/01/2013. She reported falling down at work and "blacking out". The injured worker was diagnosed as having anxiety state not otherwise specified; somatic dysfunction of the lumbar; lumbago; somatic dysfunction cervical and headache. The Doctor's First Report of Occupational Injury or Illness dated 11/04/2014 also includes major depressive disorder single episode with psychotic features as a diagnosis. Treatment to date has included treatment with a mental healthcare professional x2 per the worker report, medications for headache, a neurologic evaluation, a cardiac evaluation with a Holter monitor, and a psychological evaluation done on 12/15/2014. Currently, the injured worker complains of social withdrawal, difficult concentration, loss of interest in activities, sleep disturbance, irritability, auditory hallucinations, cognitive difficulties and no suicidal ideations. The report of her psychological evaluation of 12/15/2014 is not found in the record. In the 12/09/2014 visit to the provider, she is noted to have some guarding of the neck, and reports that her prior treatments with Midrin did not help her headache. Fioricet is prescribed for her headaches, and a request is made for the IW to have treatment with a psychiatrist MD for her depression. A request for authorization is made for Psychotherapy treatment eight (8) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy treatment eight (8) sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Cognitive Behavioral Therapy (CBT).

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] in November 2014. She completed a separate psychological evaluation with [REDACTED] [REDACTED] in January 2015. It is unclear as to why two separate evaluations were conducted. In his report, [REDACTED] recommended that the injured worker participate in follow-up psychotherapy services, for which the request under review is based. [REDACTED] presented relevant and appropriate information to support the need for follow-up services. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." The request for an initial 8 psychotherapy treatment sessions falls within the recommended guidelines and is therefore, reasonable and medically necessary.