

Case Number:	CM15-0111432		
Date Assigned:	06/17/2015	Date of Injury:	11/04/2011
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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:

This 37 year old man sustained an industrial injury on 11/4/2011 after a 15 foot fall. Evaluations include brain CT scan dated 11/4/2011 and an undated lumbar spine MRI. Diagnoses include post-concussion syndrome, depression, headache, neck pain, low back pain, lumbar discogenic pain syndrome, lumbar stenosis, lumbar radiculitis, and myalgia. Treatment has included oral medications. Physician notes dated 5/7/2015 show complaints of headaches, thoracic and lumbar spine pain, left wrist pain, loss of smell, short-term memory loss, lack of organization, and depression. The worker rates his pain 8/10 without medications and 4-7/10 with medications. His average pain rating is 5-6/10. Recommendations include psychotherapy consultation, physical therapy, internal medicine consultation, Norco, Omeprazole, Cyclobenzaprine, Naproxen, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter Neuropsychological Evaluations.

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] in November 2014. In her very detailed report dated 11/26/14, [REDACTED] recommended follow-up psychotherapy services. She recommended 4-6 months of weekly psychotherapy sessions to help the injured worker learn skills to address his cognitive deficits and his symptoms of depression and anxiety that are related to his traumatic brain injury. She also felt that the psychotherapy would be able to help the injured worker learn to adjust to his disability. Unfortunately, the injured worker has not received any psychological services since the November evaluation as requests for follow-up services were denied due to physician requests not following guideline recommendations. It is suggested that future requests for psychotherapy comply with current ODG recommendations for initial services (ie."up to 13-20 visits over 7-20 weeks"). In regards to the request for a psychotherapy consult, an additional psychological evaluation is not necessary as a thorough evaluation was conducted by [REDACTED]. As a result, the request for a psychological consult is not medically necessary.