

Case Number:	CM15-0090874		
Date Assigned:	05/15/2015	Date of Injury:	10/01/2012
Decision Date:	06/23/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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 is a 52 year old female, who sustained an industrial injury on 10/01/2012. She reported injuring her left ankle and right knee after a fall. The injured worker is currently temporarily partially disabled. The injured worker is currently diagnosed as having major depressive disorder. Treatment and diagnostics to date has included psychotherapy and medications. In a progress note dated 04/09/2015, the injured worker presented with complaints of bilateral knee pain, neck pain, left ankle pain, and back pain. Objective findings include flattened affect and blunted. The treating physician reported requesting authorization for psychodiagnostic testing and cognitive behavioral psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychodiagnostic testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker met with ██████ in October 2014 for which a preliminary psychological evaluation dated, 1/27/15, was created. It is unclear as to why psychodiagnostic testing and a comprehensive consultation was not completed at that time. In the January 2015 report, ██████ notes that psychodiagnostic testing and a comprehensive report will follow for which the request under review is based. Considering that a thorough psychological evaluation includes psychodiagnostic testing, the request is appropriate and medically necessary. It is suggested that future requests for psychological evaluations/consultations include the use of psychodiagnostic testing. It is noted that a comprehensive psychological evaluation with psychodiagnostic testing was completed and the results written up in a report dated 4/9/15.

Cognitive behavioral psychotherapy 4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Diagnostic Guidelines (ODG) Mental Health and Illness Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker experiences symptoms of depression secondary to her work-related orthopedic injury and chronic pain. In the preliminary psychological report, dated 1/27/15, ██████ recommends an initial trial of 4 psychotherapy visits. The ODG recommends the use for CBT for the treatment of depression. The request for an initial trial of 4 CBT sessions is reasonable and medically necessary.