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| Case Number: | CM15-0098629 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 05/29/2014 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

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 29-year-old female sustained an industrial injury on 5/29/14 after being assaulted by a coworker. The injured worker sustained fractures to upper front teeth (#8 and #9) and lower front teeth (#22, 24, 25 and 26) as well as injuries to her arms and right elbow. Six days later the injured worker suffered a panic attack. The injured worker was currently receiving ongoing psychological care. In the most recent PR-2 submitted for review, dated 9/30/14, the physician noted that the injured worker had been seeing a psychotherapist for depression and anxiety that pre-dated the industrial injury. The injured worker stated that she had been feeling better and did not have any psychotherapy until March of 2014 when she started having stress and anxiety symptoms again. The injured worker reported that the 5/29/14 injury made her psychological status worse. The physician noted that Aung depression Scale assessed on 8/1/14 revealed a raw score of 54 with SDS index 63, consistent with moderate depression. Current diagnoses included lateral epicondylitis of elbow, elbow contusion and stress. The treatment plan included a psychiatric assessment to get started on antidepressants and to get treatment for panic attacks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up psych testing x 3 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 completed an initial psychological evaluation with [REDACTED] in September 2014 and began subsequent psychotherapy services. It is unclear from the submitted documentation as to the number of completed sessions to date. In the most recent PR-2 report dated 5/20/15, [REDACTED] notes improvement in the injured worker's panic attacks, but also acknowledges continued symptoms. The treatment plan notes that there is to be a follow-up appointment in one month. It is unclear whether the follow-up appointment is for psychotherapy, testing, or both. It is also unclear as to the purpose of the 3 requested testing units as there are no further explanations as to the tests to be administered or the rationale for additional tests. As a result, the request for follow up psych testing x 3 units is not medically necessary.