

<b>Case Number:</b>	CM14-0142145		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Psychologist and is licensed to practice in Texas. 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:

The injured worker is a 57-year-old male who reported an injury on 08/11/2011. The mechanism of injury was cumulative trauma. The surgical history was not provided. The injured worker underwent 18 sessions of mental health therapy along with 22 sessions of cognitive behavioral therapy. Prior treatments included physical therapy. The diagnoses included major depression disorder - moderate and major depression disorder - single episode, severe without psychotic features. The documentation of 05/14/2014 revealed the injured worker's mood was depressed. The injured worker had increased agitation since being without antidepressants for 2 weeks. The injured worker had increased family stressors. Objectively, the injured worker's mood was dysphoric and he was more agitated. The injured worker completed a Beck Depression Inventory on which he scored a 36, which was severe depression and the Epworth Sleepiness Scale was 20, which was increased from the prior visit. The documentation of 07/23/2014 revealed the injured worker had anxiety daily but panic attacks were reduced to once per week. The mood was noted to continue to fluctuate over the course of treatment. The injured worker was taking prescribed antidepressants. The medications were not provided. The request was made for 6 additional sessions of cognitive behavioral therapy and a re-evaluation upon completion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation upon completion 90791: 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)

**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 & Stress Chapter, Psychological evaluations

**Decision rationale:** The Official Disability Guidelines recommend psychological evaluations. The request as submitted failed to indicate the specific testing that was being requested. The documentation indicated the injured worker had increased scores during treatment, which would support a need for re-evaluation. The date of re-evaluation was not provided. Furthermore, without documentation indicating the specific type of testing that was being requested, the request is not supported. Given the above, the request for re-evaluation upon completion 90791 is not medically necessary.