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| Case Number: | CM13-0051397 | | |
| Date Assigned: | 09/29/2014 | Date of Injury: | 09/03/2013 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 71-year-old female who reported an injury on 09/03/2013. The injured worker was a registered nurse on the labor and delivery floor where she was harassed. The injured worker's treatment history included psychological evaluation and treatment, psychological medications, and blood pressure medications. The injured worker was evaluated on 07/14/2014, and it was documented the injured worker complained of pain in her neck, shoulder, back and sometimes chest. The injured worker stated that she feels tires, irritable, and fearful. She lacked energy. Her weight had decreased, and her appetite had decreased. The injured worker experienced sleep difficulties, fears of the worst happening, and decreased sexual desire. The treatment plan included group psychotherapy, and hypnotherapy/relaxation training. On 04/21/2014, it was documented the injured worker was pending authorized group psychological assessment services and group therapy. The findings revealed dysphoric moods; poor eye contact; poor concentration; close to tears; facial flushing. She was in need of mental health service to address her current symptoms of anxiety and depression. The treatment goal was to decrease the frequency and intensity of depressive symptoms; the injured worker will improve duration and quality of sleep, will decrease frequency and the intensity of anxious symptoms, and will increase levels of motivation and hopefulness. It was noted that the injured worker has made some progress towards current treatment goals as evidenced by the injured worker reported of improved mood and motivation with treatment. She reportedly improved ability to relax and use positive thinking due to treatment. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly follow up appt: 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 Treatment. Page(s): 101-102..

Decision rationale: Chronic Pain Medical Treatment Guidelines recommends psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. The request submitted failed to indicate therapy sessions, quantity, and frequency of psychotherapy treatment. As such the request for monthly follow up appointment is not medically necessary.