

<b>Case Number:</b>	CM14-0100587		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Psychology and is licensed to practice in California. 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 claimant is a 52 year-old female (DOB 4/1/62) with a date of injury of 2/14/09. The claimant sustained injuries to her neck, right hip, upper back, right ankle and left knee when she tripped on a corner of a floor mat and fell on her right side while working as a service manager for [REDACTED]. In his "Secondary Treating Physician's Progress Report with Request for Authorization" dated 5/14/14, [REDACTED] diagnosed the claimant with: (1) Status post anterior cervical decompression and fusion at C3-C7 with cracked plates at C5-C6, 8/26/09; (2) Neuropathic pain; (3) Right greater than left C6 radiculopathy; (4) Cervical spine musculoligamentous sprain/strain; (5) Insomnia and anxiety secondary to injury and pain; (6) Status post cervical fusion at C5-C7 level, 1/26/11; (7) Lumbar radiculitis, rule out herniated nucleus pulposus with acute flare up of back and lower extremity pain; (8) Right hip labral tear; (9) Chronic low back pain; (10) Depression; (11) Status post right hip arthroscopy, 9/11/13, with residual right groin/hip pain; and (12) Status post right ankle fracture. Additionally, in his PR-2 report dated 7/8/14, [REDACTED] diagnosed the claimant with: (1) Left knee sprain/strain, rule out internal derangement; (2) Status post posterior fusion on 1/12/11; (3) Right hip labral tear with internal derangement; (4) Status post right hip arthroscopy on 9/11/13; (5) Right ankle anterior talofibular ligament grade II sprain; (6) Xerostomia secondary to prolonged medication usage; and (7) Sleep disorder secondary to industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychologist follow up appointment, QTY: 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102; 23.

**Decision rationale:** The CA MTUS guideline regarding psychological treatment and the use of behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant received some psychological services from [REDACTED] in 2013. Since there were no records offered for review from [REDACTED], it is unclear as to how many sessions were completed nor the claimant's response to treatment. Despite the lack of information about prior treatment, the claimant continues to demonstrate some psychiatric symptoms secondary to her chronic pain. In his "Secondary Treating Physician's Progress Report with Request for Authorization" dated 5/14/14, [REDACTED] indicated that the claimant "has anxiety, depression, stress and insomnia." Additionally, [REDACTED] indicated in his 7/8/14 report that the claimant complains of "psychological symptoms of anxiety, depression, stress and insomnia." Based on the observations of both [REDACTED] and [REDACTED], the claimant is in need of follow-up psychological services. The request for one follow-up session appears reasonable and allows the treating provider to reassess the claimant symptoms and determine whether additional services are necessary. As a result, the request for "Psychologist follow up appointment, QTY: 1" is medically necessary.