MAXIMUS Federal Services

Case Number:	CM14-0105429		
Date Assigned:	07/30/2014	Date of Injury:	12/11/2012
Decision Date:	09/18/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 licensed in Psychology, has a subspecialty in Health Psychology and pain management 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:

According to the records provided for this independent medical review, this patient is a 38-year-old female who reported an industrial/occupational work-related injury on December 11, 2012 when she was in engaged in her usual and customary work duties. At that time she was engaged in transferring the patient from a shower chair to a recliner and the patient was combative and struggling against her. She felt a sharp pain to her left shoulder that radiated from her neck to her back and reports symptoms of swelling, stiffness, burning, pain, and numbness in her posterior neck region that radiates to the left shoulder and left lower back pain, and left thigh pain. There is also a note of constant moderate to severe right shoulder pain. She has been reporting symptoms of depression and sleep disturbance. There was no specific psychological diagnoses in the medical charts that were provided. There was no detailed information regarding: her psychological symptomology, the impact of any psychological symptoms on her ability to function or perform activities of daily living or her ability to work, there was no specific note from her treating physician as to why this request is being made and in general the medical records were insufficient for an assessment of her psychological condition. A request was made for psyche treatment (unspecified). In the request was noncertified. The rationale provided by utilization review for non-certification was that a pending psychological evaluation needed to be completed prior to the start of treatment if it's medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychological treatment #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines for Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: Review of 160 pages of medical notes that were provided for this independent review did not contain commentary about the patient's psychological condition. There was only one mention of depression and sleep disturbance with no details provided whatsoever. There is no psychological diagnosis even a tentative one provided. There is no detailed discussion of the patient's psychological symptomology and how it may be caused by her pain condition or impacts her daily life. There was one other mention of a history of depression and history of anxiety but it's unclear whether these predate her injury or not. As far as I can tell there is a pending psychological evaluation that has been approved it but it is not clear if it is been completed and it was not provided. This psychological evaluation is essential to determine whether or not psychological treatment is necessary because there is no other supporting documentation that would validate its necessity. There is insufficient documentation to support the medical necessity of this request for "psyche treatment unspecified". Furthermore, all requests for psychological treatment that are sent to be considered by independent medical review must have an exact quantity of the request, this one does not. Independent medical reviews are different than utilization review in that there is no allowance for making modifications as the process is an all-or-none process. Because if the independent medical review were to overturn the non-certification decision by utilization review it would essentially be authorizing unlimited sessions in perpetuity or till the patient's case is closed. In general, a psychological evaluation is not required to start psychological treatment. However there does need to be some documentation that substantiates the need for treatment, in this case that was not provided. According to the MTUS treatment guidelines properly identify patients should be offered an initial treatment trial 3 to 4 sessions and if those are proven to be beneficial to the patient in terms of objective functional improvements then additional sessions up to a maximum of 10 may be offered. The official disability guidelines is more generous and notes that up to 13-20 sessions can be offered if progress is being made and in cases of severe major depression/PTSD to 50 may be offered if progress is being made. Once the psychological evaluation is completed a request for psychological therapy that conforms to the above-mentioned guidelines could potentially be considered as medically necessary. The finding of this independent medical review is that medical necessity is not established for this request based solely on insufficient documentation and nonconformity to treatment guidelines, but not because of patient necessity. It is possible that the patient is in need of psychological treatment but that would be needed to be documented. It is also essential that her treatment history be delineated if she has had any prior psychological treatment related to this injury.