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| Case Number: | CM14-0016675 | | |
| Date Assigned: | 03/05/2014 | Date of Injury: | 10/12/2007 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in New York and 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 patient is a 66 year old female whose date of injury is 10/12/2007. On this date the patient was involved in a motor vehicle accident when she was hit head-on. Treatment to date includes x-rays, CT scan, medication management, physical therapy, MRI scans, left knee arthroscopic lateral meniscectomy on 01/29/08, Supartz injections, repair of left quadriceps tendon on 11/01/11. Consultation dated 05/31/13 indicates that MBMD showed increase in anxiety score, depression score, cognitive difficulties. Diagnoses include depression and anxiety. The patient was recommended for psychiatric consultation as well as psychological consultation and treatment. ML106 report dated 09/27/13 indicates that the patient is at maximum medical improvement as of 08/04/12. The most recent visit note submitted for review is dated 12/23/13. The patient reportedly underwent cervical spine fusion surgery on 10/02/13 on a nonindustrial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGIST FOLLOW UP VISITS QUANTITY TWELVE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Physical Medicine Page(s): 23.

Decision rationale: The Expert Reviewer's decision rationale: Based on the clinical information provided, the request for psychologist follow up visits quantity twelve is not recommended as medically necessary. There is no current psychological evaluation submitted for review with updated testing measures. There is no comprehensive assessment of psychological treatment completed to date or the patient's response thereto submitted for review. There is no indication that the patient is currently taking psychotropic medications. There is no clear rationale provided at this time to support the requested follow up visits. The request for psychologist follow up visits quantity twelve is not medically necessary.