

Case Number:	CM14-0019914		
Date Assigned:	04/28/2014	Date of Injury:	12/18/2012
Decision Date:	07/24/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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, 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 46 year old male with a reported injury on 12/18/2012. The mechanism of injury was not provided. The injured worker had a psychological evaluation on 01/22/2014 with complaints of pain in his eye and left finger, rated 8-9/10, sleep disturbances, sadness and irritability. The Beck depression inventory revealed a score of 13, placing him in the minimum range of depression, and a score of 3 on the Beck anxiety inventory, putting him in the mild anxious state. There was not a fear avoidance belief questionnaire provided. The recommended treatment is to have six cognitive therapy sessions over the next two months. The request for authorization was signed on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR FOLLOW UP VISITS OVER 6 MONTHS: 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), web edition, Pain Section: Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for four follow-up visits over six months is non-certified. The California MTUS Guidelines recommend screening for patients at risk to include fear avoidance beliefs questionnaire. The fear avoidance beliefs questionnaire was not provided. The guidelines also recommend three to four visits over two weeks. The request is for four follow-up visits over six months. Furthermore the request does not specify what the follow-up visits would address. Therefore, the request for four follow up visits over six months is not medically necessary and appropriate.