

Case Number:	CM14-0153132		
Date Assigned:	09/23/2014	Date of Injury:	04/06/1992
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 as they were provided this IMR, this patient is a 68-year-old female reported an industrial/occupational injury that occurred on April 6, 1992. At that time she was working as an office manager for Nutrisystem. The injury reportedly occurred when she was struck in her neck mid back and low back by cases of food, weighing approximately 30 pounds that fell on top of her and pushed her face down into a carpeted floor. She has been diagnosed with lumbar disc degeneration and cervical disc displacement without myelopathy. Continues to report significant pain problems in her neck and low back with decreased range of motion in her right elbow. She has had extensive treatments medically including physical therapy massage therapy and occasional aquatic therapy and conventional medical interventions. This review will focus on her psychological symptomology. She received psychiatric treatment with [REDACTED] in 1997 to teach her how to better cope with chronic pain. A psychological evaluation from February 2014, and reported that her pain condition impairs her activities of daily living and has resulted in symptoms of depression. She has been diagnosed with depressive disorder, not otherwise specified in states that she is more emotional and sad as a result of her pain and that it is causing increased problems in her family and relationship stress ultimately to the dissolution of her marriage. She reports significant symptoms of anxiety as well with worry about her future and anxiety about her pain symptoms and functional limitations with insomnia and poor sleep. She has been diagnosed the following: Pain Disorder Associated with Medical Condition and Psychological Factors; Depressive Disorder Not Otherwise Specified and Anxiety Disorder Not Otherwise Specified. The psychological evaluation stated that the patient has "undergone multiple treatment attempts to ameliorate her chronic pain which have not provided her meaningful long-lasting relief.... Remains in constant pain and has become increasingly frustrated, depressed, and worried regarding her lack of improvement in her chronic pain

condition and pain management skills. Another treatment note dated March 28, 2014 presents contradictory information stating that: "patient denies anxiety, depression, hallucinations, or suicidal thoughts." Another note however from August 2014 states that the patient complains of depression but denies anxiety, hallucinations and suicidal thoughts. A request was made for a psychological consultation/evaluation and 12 follow-up visits with a psychologist; the evaluation/consultation was approved but the 12 follow-up visits was non-certified; this IMR is a request to overturn the non-certification the 12 follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) psychologist follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: According to the MTUS treatment guidelines follow up visits are recommended "with the frequency of visits depending on multiple clinical and work factors, maybe every few days with a mid-level practitioner (may be on-site or by telephone if the injured worker has returned to work); physician visits for changes in work status, and weekly if not working." ACOEM chapter 15 page 405. However, this patient's injury occurred over 22 years ago, and despite a psychological evaluation that was included in the medical records for this IMR, there was no detailed history of the prior psychological treatment. According to the guidelines for follow-up visits it may be possible that a mid-level practitioner may be able to provide follow-up in a less intensive manner. There were several mentions that the patient has had prior psychological treatment, but the details with respect to what they consisted of and the results of them were not provided. There is no evidence presented that the patient benefits from psychological treatment based on her past experience. It may quite well be that she had benefited but because there was no documentation that she has the medical necessity of additional sessions at this time is not supported as being medically necessary. Missing from the documents provided for this IMR psychological treatment. It is unclear if she has had follow-up visits already in 2014, or in prior years, it is also unclear if she had psychological treatments in the past and when they occurred, and in general just insufficient information and documentation warrant additional treatment at this time under her work comp injury. There are some notes that she is worried, anxious and depressed, and recently divorced; however it is unclear whether or not the symptoms have responded to prior treatments. Therefore, the medical necessity of 12 follow-up visits is not established.