

Case Number:	CM14-0166779		
Date Assigned:	11/06/2014	Date of Injury:	02/15/2012
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 60 year-old female with a date of injury of 2/12/12. The claimant sustained injuries to her back and left upper extremity as the result of a slip and fall while working as a trainer for [REDACTED]. In the most recent "Visit Note" dated 9/19/14, Physician Assistant, [REDACTED], under the supervision of [REDACTED], diagnosed the claimant with: (1) Lumbar disc displacement without myelopathy; (2) Spondylosis lumbosacral; and (3) Sprain/sprain thoracic region. The claimant has been treated with medications, epidural injections, acupuncture, surgery, and participation in the [REDACTED] Functional Restoration Program. In addition to her work-related orthopedic chronic pain, the claimant has developed psychiatric symptoms of depression and anxiety. In their [REDACTED] Functional Restoration Program Psychological and Behavioral Evaluation" dated 5/7/14, [REDACTED] and [REDACTED] diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition; (2) Depressive disorder, NOS; and (3) Anxiety disorder, NOS. The request under review is for follow-up psychotherapy sessions following the claimant's discharge from the [REDACTED] FRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Follow up Visit x6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Mental Illness & Stress, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition 2010, page 19

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant continued to experience chronic pain since her injury in February 2012. She had participated in various types of conservative care, but continued to remain symptomatic. She also developed psychiatric symptoms secondary to her chronic pain. She was eventually authorized to attend the [REDACTED] Functional Restoration Program and began on 6/30/14. She attended the 6 week program and was discharged on 8/4/14. According to reports, she demonstrated improvements in both her ability to manage her pain and in her ability to manage her emotions. Despite the progress and improvements, [REDACTED] and [REDACTED] recommended follow-up psychological services. In their [REDACTED] FRP "Weekly Progress Report" with dates of services of 8/4/14-8/8/14, [REDACTED] and [REDACTED] wrote, "We are also requesting sessions of aftercare treatment so that the gains the patient has made can be integrated and internalized in a way that will allow her to continue these successes as she begins to be more engaged in her activities of daily living and to think through the steps of returning to some form of work given the nature of her disability." They further indicated, "We are requesting authorization of 6 sessions of aftercare." The request for follow-up psychotherapy sessions following the claimant's discharge from an intensive 6 week program is completely appropriate in order to solidify the gains made during the program and help her transition back into her daily living. As a result, the request for "Psychologist follow up visit x6" is medically necessary.