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| Case Number: | CM14-0020983 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 03/14/2012 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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:

The patient has submitted a claim for depressive disorder, not elsewhere classified, and psychogenic pain associated with an industrial injury date of March 14, 2012. Treatment to date has included physical therapy, steroid injections, acupuncture, and medications such as Neurontin, trazodone, ibuprofen, and Effexor. Medical records from 2013 were reviewed showing that patient complained of chronic neck and upper extremity pain, graded 9/10 in severity, and relieved to 7/10 with medications. No side effects were noted. The patient likewise complained of anxiety, and feelings of depression. She denied having suicidal thoughts. Physical examination showed appropriate mood and affect. There was tenderness at the cervical spine, and right parascapular region. Motor strength was normal. Deep tendon reflexes were 1+ and equal in both upper extremities. Psychological consultation was performed on November 7, 2013. Mental status examination revealed that the patient was pleasant and cooperative. She spoke coherently. Her affect was appropriate and congruent with her mood. She complained of feelings of frustration regarding her condition. There were no signs of psychotic symptoms, mania or panic disorder, or substance abuse noted. She lacked motivation leading to social isolation. The patient likewise complained of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH PSYCHOLOGIST 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient presented with psychological distress leading to difficulty in performing her activities of daily living. The rationale for the present request is to assist her in managing and coping with symptoms of depression, anxiety, and the effects of chronic pain. The medical necessity for follow-up with a psychologist has been established, however, there was no documented indication regarding the quantity of office visits. Therefore, the request for follow-up with psychologist 12 visits is not medically necessary.