

Case Number:	CM14-0062597		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2001
Decision Date:	09/17/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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 Clinical 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:

Based on the records provided for this independent review, this patient is a 61 year old female who reported an industrial/occupational work related injury on 9/11/01. The patient reports physical symptoms shoulder pain, low back pain, neck pain, and headache. Patient has been diagnosed with Myofascial pain syndrome. There are additional symptoms of fatigue, ringing in the ears, muscle weakness, and difficulty concentrating. Psychologically, she has symptoms of depression and anxiety. Her psychological diagnosis was not provided. Psychological progress report the snow that her mood was improved as a result of her treatment, and is she has become better able to implement cognitive coping skills. In addition, the patient reports fewer episodes of crying and tearful dose related to her pain and the coping skills have been helping her to cope with flair up pain moments. A request for continued treatment with pain psychologist 24 visits (patient seen twice monthly) was made and non-certified. This independent review will address a request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Treatment with Pain Psychologist, quantity of 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress chapter, topic psychotherapy guidelines.

Decision rationale: The utilization review rationale for non-certification was stated as insufficient documentation of patient progress based on prior treatment. While I do not agree with this statement, and I did find sufficient documentation in the form of psychotherapy progress notes (although more would have been helpful), there are several difficulties with this request that make it impossible to overturn the decision for non-certification. The first is the number of sessions requested. According to the official disability guidelines, after an initial set of six sessions to be offered as a trial of treatment, if objective functional improvements are derived then an additional block of sessions up to a maximum of 13-20 may be offered. In this case the request for 24 sessions exceeds the maximum allowed; in addition the total number of prior sessions is unclear and was not stated. The second issue is that for such a large block of sessions too much time goes by without proper follow-up and assessment for medical necessity. For these reasons the request to overturn the non-certification cannot be approved. This is not a reflection on the patient's need, or lack thereof, for psychological treatment. It is simply a statement of the request's nonconformity with and MTUS guidelines. Treatment blocks must be requested in small enough quantity that ongoing progress can be assessed to determine patient's need. Therefore, the request of continued treatment with pain psychologist, quantity of 24 visits is not medically necessary and appropriate.