

Case Number:	CM14-0091676		
Date Assigned:	07/25/2014	Date of Injury:	05/06/2010
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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:

According to the records that were provided for this independent review, this patient is a 45 year old female who reported an industrial/occupational work-related injury on May 6 2010. The injury occurred when a chair was removed by a coworker without her knowledge and she tried to sit down in it, falling to the floor and striking her back against the floor, hitting her head; and a computer fell on top of her, injuring her body in multiple places. She reports constant low back and neck pain and also has bilateral shoulder, hips, elbow, raised, and in finger pain. Recently, the patient reported falling on May 27, 2014 while walking in her hallway from the living room to the bedroom using her walker. Her legs gave out, she has fallen multiple times recently, once resulting in her being hospitalized to control bleeding and requiring eight stitches to her eye and resulting in an acute flare up of her chronic condition. Medically, she is been diagnosed with failed back surgery syndrome, chronic pain syndrome, chronic bilateral C6 & L5 radiculopathy; s/p L4-5 and L5-S1 fusion; cervical spine & lumbar strain/sprain. Psychologically, she is been diagnosed with Major depressive disorder, under partial control; Anxiety disorder not otherwise specified; Pain disorder associated with both psychological factors and a general medical condition; opiate dependence. The patient reports the following psychological symptoms: poor concentration and memory, fatigue, frustration, anxiety, difficulty enjoying pleasurable activities, stress, changing mood and personality, crying. There is a prior continuous trauma work related injury from December 2004. [REDACTED] on 2/20/14 and again on 4/14/14 noted that he would continue her antidepressant Cymbalta and several opiate medications and requested psychological consultation. The patient had a comprehensive Psychiatric Evaluation on 9/2/13 and within that report there is a note of another psychological evaluation by [REDACTED] [REDACTED]. 12/2012. A request was made for psychological counseling one session, and was non-certified. The utilization review rationale provided for the non-certification was stated that a

psychological consultation had already taken place on 5/12/14 and therefore is probably not needed, but also noted that documentation from the visit was not provided. In addition there was a lack of objective testing, recent psychological diagnosis, a current psychological plan of care, or response to treatment since an AME (Agreed Medical Evaluation) report, that the medical necessity of the proposed intervention was not established. This independent review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling, one session: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological treatment, page 101; and cognitive behavioral therapy Page(s): 23-24.

Decision rationale: I conducted a comprehensive and thorough review of all the medical records as they were provided to me. My understanding is that this request is for one psychological counseling session, not a request for psychological consolation. The patient has had several psychological reports/evaluation/consultations since 2012. I was unable to find what her prior psychological treatment history has been, there was no indication of ongoing prior psychological treatment nor were there any progress notes, or passing references to her being in psychological treatment. The authorization of this request is contingent on that information because if she is already had significant psychological treatment in the past then information regarding any progress derived from those sessions, and the total number of sessions provided, if any, is needed. Given the length of time that has passed since her injury, and her having had several psychological assessments recommending treatment, it is likely that she has had prior psychological treatment not reported here. If in fact she has not had any, and this is an initial request, the request for one session still is curious because an initial treatment request usually is 3 to 4 sessions in length according to the MTUS guidelines, or up to six sessions based on the ODG guidelines. I disagree with the utilization review statement that there is a lack of objective testing or recent psychological diagnosis as these issues were included in the materials that I received. However, I did not see a current psychological plan of care, nor did I see a response to treatment since the AME (Agreed Medical Evaluation) was conducted. Also there is no mention of what is to be accomplished with one session. Although her psychological symptoms are well documented, the intention of this single session is not delineated. As mentioned above I'm not sure whether not this patient has been in prior treatment other than with her psychiatrist. According to the MTUS treatment guidelines patients can be offered 3 to 4 sessions as an initial trial of treatment, and if these initial sessions result in objectively measured functional improvement up to a maximum of 6 to 10 total may be offered. In my view, no psychological treatment should be offered unless there is detailed information provided regarding the exact number of prior treatment sessions that she's had with psychologists, if any, and exactly what objectively measured results occurred from those sessions if any. This does not include

psychiatric/medication treatment/visits. A specific reason for this visit with goals of the consolation is missing. The level of severity of the patient's psychological symptoms, and her need for psychological treatment is established but without this additional information I cannot overturn. Therefore the request for one psychological counseling session is not medically necessary and appropriate.