MAXIMUS Federal Services

Case Number:	CM14-0092222		
Date Assigned:	07/25/2014	Date of Injury:	04/10/2012
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 40 year old male who reported an industrial/occupational injury on April 10, 2012 during the normal and usual work duties as a driver for a trash company when he fell approximately 8ft, landing on his feet on cement. The accident resulted in multiple orthopedic injuries, and constant bilateral elbow and knee pain, left shoulder pain, right wrist numbness and tingling, constant left ankle pain, low back pain, cervical spine/neck pain with radiculopathy. He is had conservative medical treatment including medications, physical therapy, epidural steroid injections, and chiropractic care. Psychologically, the patient reported no history of depression prior the incident has subsequently has had loss of interest in activities, low energy level, and sleep impairment, financial and emotional distress. There is a note that he had suicidal ideation one month after the accident but it appears that it has resolved. A report dated March 10 2014 noted that the patient should be offered psychological treatment for depression either in an inpatient pain rehabilitation program, or an intensive outpatient program depending on his ability that to and from program. A request for ongoing follow-up (s) with pain psychologist was non-certified. The rationale for non-certification given by utilization review was stated that the patient is being considered as a candidate for a spinal cord stimulator with necessitates a psychological evaluation and that because the results of the evaluation were not provided a psychological care and not be started until it is.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing Follow up(s) with Pain Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 100-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations and Psychological Treatment, Cognitive Behavioral Therapy Page(s): 100-102; 23-24.

Decision rationale: Utilization review's rationale for this request stated that the results of a psychological evaluation had not been provided, is incorrect. There is no requirement that a psychological evaluation be provided prior to the initiation, or at any time, when the patient is engaging in psychological treatment. Psychological evaluations are useful and helpful in guiding psychological treatment, but often is a lengthy process that takes quite some time to give the report and holding up treatment pending the completion of an evaluation is potentially detrimental to a patient. However, if treatment is being requested without a psychological evaluation completed and available, the rationale for the request detailing the patient's psychological symptoms and provisional diagnosis should be provided. A carefully reviewed this patient's medical chart and found that information in an AME report but it should accompany the treatment request more clearly. While that reason for not certifying this patient's treatment is invalid, I am still unable to overturn the decision. The reason being is that the request as it was provided uses the term ongoing and there's no specific number of sessions being requested. Overturning this decision would essentially be providing unlimited treatment into perpetuity. All requests for psychological care, if entering into the IMR process, must specifically state the exact number of sessions being requested. The IMR process is an all-or-none and modifications of requests are not permitted. It should be noted that with respect to psychological treatment, according to the MTUS guidelines, an initial block of treatment sessions typically 3 to 4 in length, but sometimes up to 6, needs to be initially requested as a trial with subsequent sessions being contingent on documentation of objective measurable improvements as result of the initial trial. For these reasons, this request is not medically necessary.