

Case Number:	CM14-0098107		
Date Assigned:	07/28/2014	Date of Injury:	11/13/2003
Decision Date:	11/10/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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:

To the records as they were provided for this IMR, this patient is a 43 year-old male reported an industrial injury that occurred on June 9, 2003, with additional dates of injury noted as follows: 11/13/2003, CT 08/06/2007-08/19/2007, CT 10/19/07-10/19/08, 06/01/06-06/01/07. Regards to his injury on November 13, 2003, the patient fell 10 feet off a roof and grabbed onto the side panels injuring his neck, right shoulder, low back, and bilateral knees. His work involves panel installation of glass walls, windows and panels, which are physically demanding. There was a lifting injury that occurred a few months prior to the fall. He had two right shoulder surgeries, a lumbar epidural steroidal injection (ESI) in 2005, and multiple injections and is currently presenting with right shoulder pain that radiates to the right thoracic region and low back pain that radiates to bilateral lower extremities. Psychologically, patient reports anxiety and depression. A partial list of his medical diagnoses include: lumbar sprain/strain/facet syndrome, shoulder sprain/strain/impingement/capsulitis. Additional medical diagnoses and lewd chronic painful cervical, thoracic, and lumbar degenerative disc disease with electrodiagnostic evidence of mild C8 radiculopathy, resolved right carpal tunnel syndrome, status post right shoulder surgery with lingering pain and dysfunction. The medical record contained very little information with regards to the patient's psychological status or symptomology. There was a one sentence statement: "problems with sleep and sex function warrant, as well, two of the discretionary points for pain." Without further explanation what this is referring to. A progress note from his treating physician from April 29, 2013 stated: "request pain psychology consultation eight visits to help patient with his depression, anxiety, and chronic pain issues and also to help them learn some relaxation techniques to help these issues. It is unclear whether or not these sessions were provided. A request was made for 8 to 12 psychological follow-up visits. The request was not approved the utilization review rationale for non-certification was due to

insufficient documentation of objectively measured psychological symptomology, no documentation regarding past or present psychotropic medication, and no complete comprehensive history of the patient's psychological issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

8-12 psychological follow-up visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic cognitive behavioral therapy, psychotherapy guidelines, June 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The ODG allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient's treatment, the clinical information presented was insufficient to support this treatment request. There was a mention of a request for psychological treatment that occurred in April 2013, but no indication whether or not this treatment was provided. There's no indication of whether or not this patient has had any prior psychological treatments and if so what the outcomes of them were. While a psychological evaluation is not required to initiate psychological treatment, because the patient has had such a prolonged history of medical treatment at a very minimum a statement with regards to his prior psychological care, if any is needed. In addition, there was insufficient documentation of his current psychological status; the few documents that did mention it were either too brief for or not current. No psychological diagnoses was provided however tentative. If this is a request for a new treatment course, then an initial treatment trial would be required of 3 to 4 sessions to determine effectiveness of the treatment according to MTUS guidelines and if this is a continuation of an ongoing treatment then the needs to be ample documentation of objective functional improvements that transpired as a direct result of prior sessions in order to authorize additional sessions. The utilization review rationale correctly decided that there was insufficient documentation of medical necessity. It is possible that the patient is in medical need of psychological care, however it could not be determined one way or the other based on the documentation provided and therefore the original utilization review decision to noncertified is upheld.