

Case Number:	CM14-0105504		
Date Assigned:	07/30/2014	Date of Injury:	10/10/2012
Decision Date:	01/28/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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 Board Certified in Psychologist (PHD, PSYD) 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 provided medical records, this patient is a 23-year-old male who reported a work-related injury that occurred on October 10, 2012 during the course of his employment as a warehouseman for [REDACTED]. The injury occurred while stocking merchandise when 2 heavy pallets weighing approximately 60 pounds each fell and struck his foot and ankle, requiring the force of his entire body to twist to dislodge his foot; this resulted in immediate onset of pain in his left foot and low back. He reports pain that radiates into the left foot and left leg and increases with activity. There is also a history of injury to his right elbow from June 1, 2011 resulting in a surgery. The pain has resulted in difficulties and activity of living and sleep. A partial list of his medical diagnoses include: left ankle contusion with crush injury, left sinus tarsi syndrome; lumbar mild ligamentous sprain/strain; internal derangement of left knee; rule out lumbar facet mediated pain. Prior treatments have included: conventional physical medicine, sleep study, physical therapy, MRI imaging, injections, home exercise, and pharmacological interventions. This IMR concerns a request for psychological care, no psychological records were provided for review for consideration. There were no psychological diagnosis, prior psychological treatment progress notes, consultations, comprehensive evaluations, or summary treatment notes provided. There was no clearly stated rationale for the request. There was no discussion of psychological symptomology provided. A request was made for an office consultation unspecified quantity, the request was noncertified by utilization review with the stated rationale was that: "the rationale for this request is unclear; hence, it is not appropriate. I cannot apply a reference." The request was made in conjunction with the request for medical hypnotherapy/relaxation training, this part of the request was approved but the request for the office consultation was not. This IMR 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:

Office consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources), and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. With regard to the current requested treatment, the documentation provided does not substantiate the medical necessity of the request. There was insufficient documentation with respect to the patient's psychological condition. Essentially there was no information provided regarding the patient's psychological diagnoses, the reason for the request, or the prior treatment history. The request did not clearly state the quantity of treatment and if this is a psychiatric or psychological consultation. It is also unclear whether or not this is a request for a first-time initial consultation or as part of an ongoing treatment. Due to the lack of notes regarding this patient's current mental health status and prior psychological treatment, this request is not medically necessary.