

Case Number:	CM14-0106708		
Date Assigned:	07/30/2014	Date of Injury:	09/09/2009
Decision Date:	02/09/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational Medicine 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:

This individual is a 50 y/o female who has developed a chronic pain syndrome secondary to chronic cervical, bilateral shoulder and upper extremity pain. She has had comprehensive psychological treatment starting in '09 and continuing through at least mid '14 on a 45 day cycle. She has also attended group therapy. In a recent Psychological M-L evaluation she reported no improvement in her Psychological statuses. Her pain levels, moderate depression, and function have remained the same for the past few years. U.R. review denied follow psychological visit as there is no evidence of improvement and the Psychologist Assisatent could not provide any information supportive of continued routine visists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Follow up office visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, Chronic Pain Treatment Guidelines Page(s): 23, 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 and Stress, Cognitive therapy for depression, Cognitive therapy for anxiety

Decision rationale: MTUS Guidelines do not address the issue of what is a reasonable amount of psychological treatment for this individual's condition. Official Disability Guidelines address this issue in detail and recommended from 13-20 sessions as being adequate if there evidence of progress. The amount of treatment has vastly exceeded guideline recommendations and no progress is apparent. Under these circumstances, the scheduled follow up psychological office visit is not medically necessary.