

Case Number:	CM14-0120963		
Date Assigned:	08/06/2014	Date of Injury:	04/13/2010
Decision Date:	07/08/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 42-year-old male who sustained an industrial injury on 04/13/2010. The initial report of injury is not included in the records received. The injured worker was diagnosed as having generalized anxiety disorder, insomnia, psychological factors affecting. He has had a transforaminal lumbar interbody fusion in 2011 with removal of hardware and exploration of fusion in 2013, neuropathic leg pain, cervical spondylosis, and lateral epicondylitis right elbow. Treatment to date has included surgery, trigger point injections, and conservative management of his lumbar spine, with a recent focus on the psychological component of his pain post lumbar fusion. In the provider notes of 07/11/2014, the IW has subjective complaints of persisting pain that interferes with activities of daily living and sleep. He reports anxiety with physical manifestations, bouts of crying. The IW also reports being quick to anger and irritable. He reports death thoughts but denies intent or plans. The treatment plan dated 07/11/2014 on page 2 of a REQUESTED PROGRESS REPORT/REQUEST FOR TREATMENT includes: 1. Cognitive behavioral group psychotherapy 1 session per week for 6 weeks to help patient cope with physical condition, levels of pain, and emotional symptoms; 2. Relaxation training/hypnotherapy, 1 session per week for 6 weeks or help manage stress and/or levels of pain; and 3. Crisis intervention as needed to address patient's death thoughts. A request for authorization (for a date of 07/16/2014) is placed for Office Emergency Services with the notation "Refer to pg. 2. Treatment Plan."

IMR ISSUES, DECISIONS AND RATIONALES

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

ER Office visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including group and individual therapy as well as hypnotherapy/relaxation training from [REDACTED] and his colleagues since sometime in 2013. The most recent requested progress report dated 7/11/14, it is reported that the injured worker continues to experience depression and anxiety with some thoughts of suicide. However, it was also noted that the thoughts had decreased and the injured worker no longer endorsed any intent or plan. According to the report, having a crisis office visit available was recommended. It is this recommendation that served as the basis for the request under review. Unfortunately, the progress report fails to offer enough information to substantiate the need for any additional office visits. If the injured worker finds himself in a crisis, nothing precludes him from utilizing one of the previously authorized psychotherapy visits or being taken to a hospital. Without sufficient supporting information, the request for an emergency office visit is not medically necessary.