MAXIMUS Federal Services

Case Number:	CM14-0122988		
Date Assigned:	08/08/2014	Date of Injury:	06/11/2011
Decision Date:	02/11/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/04/2014

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 53-year-old male who reported a work-related injury that occurred on June 11, 2011 during the course of his employment for [redacted] The injury occurred during the course of his work as a general laborer for a company that specializes in the assembly of [redacted] trains. He was trying to install an air conditioning unit and a grill weighing 500 pounds fell upon his right hand. A partial list of his medical diagnoses include the following: cervical muscle spasm, cervical and lumbar disc herniation per MRI, status post surgery cervical spine, radiculopathy cervical, thoracic and lumbar musculoligamentous injury, thoracic and lumbar muscle spasm, right shoulder internal derangement, status post surgery right shoulder, left carpal tunnel syndrome, poor sleep, post finger laceration, and several others documented in his medical records. Psychologically, he reports depression, anxiety and irritability and there is increased irritability with his family being expressed. A request was made for "psychologist follow-up" (unspecified quantity) the request was non-certified by utilization review who stated that there was insufficient rationale for the request provided. 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:

Psychologist Follow-up: Upheld

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

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 respect to this patient, the request for follow-up visits is not supported as being medically necessary. The request is unspecified in terms of quantity. All requests for psychological treatment that are submitted for IMR need to have a specific quantity of the treatment modality. Without specifying the quantity this becomes essentially a request for unlimited number of follow-up visits. In contrast to the utilization review rationale for non-certification, there was repeated mentioned that the patient having depression, anxiety, and irritability; however there was no specifically stated rationale for the request for follow-up visits however it can be safely assumed that the symptoms are the reason. The patient may in fact benefit or need psychological care however there was no information provided either about his prior psychological treatment, if any has already been provided. Due to insufficient information and lack of a specific quantity of the request, the medical necessity for unspecified follow-up visits is not established. Because medical necessity was not established the utilization review decision is upheld.