

<b>Case Number:</b>	CM14-0129172		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 records, this patient is a 45 year old male who reported a work-related injury that occurred on January 30, 2013 during the course of his employment for the [REDACTED]. The mechanism of injury is that he works as a motorcycle officer and the gearshift motion causes pain that began 7 years ago and is characterized as constant and moderate severity, sharp, dull, aching, and burning. He reports ankle instability, numbness over the proximal foot, heel, and toes. Burning foot and swelling lateral ankle began approximately one year ago it's worse at night. He was transitioned from motorcycle duty to jail duty but the prolonged standing and walking aggravate his pain. According to an orthopedic examination May 13, 2013 he has left foot complex regional pain syndrome type II. There is a history of a prior industrial related low back claim. He has been diagnosed with: left ankle pain, and depression. He has difficulty sleeping due to the pain. A request was made for consultation and 6 additional visits with pain psychologist. The request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation & 6 additional visits with pain psychologist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral intervention, psychological treatment; cognitive behavioral therapy Page(s):.

**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. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. With regards to the request for consultation and 6 additional visits with a pain psychologist, there was insufficient submitted documentation to establish medical necessity of the request. Although the MTUS guidelines do recommend follow-up visits and psychological treatment, this request contained insufficient information to support and establish the medical necessity of the request. There was very little information provided with regards to the rationale for the request. There is no clearly stated reason why the request was being made. There was a single mention of depression without any further details. There were no medical records or documentation from prior psychological sessions. The request itself suggests that the patient has received psychological care in the past and yet there was no information regarding whether or not any have occurred. Furthermore, It is not entirely clear what is being requested. The request reads a "consultation and 6 additional visits." The distinction between a consultation and a visit is negligible in the field of psychology as they are essentially the same thing. If it is a comprehensive psychological evaluation is being requested then the rationale for the evaluation was not provided. Regarding psychological treatment, initial treatment requests should consist of the brief treatment trial of 3 to 4 sessions to determine if the patient responds with evidence of measurable/objective functional improvement guidance for additional sessions according to the MTUS is for 6 to 10 additional visits (or 13-20 ODG) over a 5 to 6 week period. Without knowing how many sessions he's already received, if any, is not possible to determine whether or not request falls within treatment guidelines. Because the rationale is not provided for the request and because there was no documentation regarding prior sessions in terms of patient benefit/quantity it was not possible to establish whether or not the request is medically necessary. Because it was not possible to establish the medical necessity the request, the utilization review decision for non-certification is upheld.