

Case Number:	CM14-0174697		
Date Assigned:	11/19/2014	Date of Injury:	02/27/2009
Decision Date:	05/05/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/21/2014

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 is a 51 year old female, who sustained an industrial injury on 02/27/2009. She has reported subsequent neck, back, left shoulder and bilateral knee pain and was diagnosed with cervical and lumbar myoligamentous injury with bilateral upper and lower extremity radicular symptoms, left shoulder and bilateral knee internal derangement. Treatment to date has included oral pain medication, synvisc injections of the bilateral knees and surgery. In a progress note dated 06/30/2014, the injured worker complained of sadness, nervousness, increased stress and pressure as well as headaches, persistent pain and stomach aches. Objective findings were documented as showing restlessness, apprehension, nervousness and sadness. A follow-up visit with a psychologist was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with Psychologist: Upheld

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

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. In this case, the documentation submitted for review reveals that mood and sleep are stable. There is limited documentation regarding the number of treatment sessions the claimant has attended to date or specific objective functional improvements as a result of prior treatment. A psychological treatment progress note under the heading "Progress" from August 11, 2014 notes that: "the patient reports no significant changes in her emotional condition." Provided treatment plans do not contain any reflection of estimated dates of expected accomplishment for stated goals nor do they reflect any goals achieved based on prior treatment. Continued psychological treatment is contingent upon documentation of patient benefit from treatment including objectively measured functional improvement indices. The medical necessity of the proposed intervention is not established by the provided clinical documentation. Because the medical necessity of the proposed intervention is not established the utilization review determination for non-certification is upheld.