

<b>Case Number:</b>	CM14-0210910		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 licensed 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 51 year old female who reported a work-related injury that occurred on October 3, 2008. The injury occurred when she tripped over a tree root that was sticking out of the pavement in the parking lot at work. The pain impacts her back, left leg, left shoulder, right knee, and left arm. According to a PR-2 progress report from November 12, 2014 the patient reports that her pain level has stayed the same since her initial treatment visit. She reports depression and anxiety regarding her pain condition, her inability to work and resulting financial impact. She has been diagnosed with the following: Major Depressive Disorder, Insomnia Related to Axis 1 Disorder, Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, and Partner Relational Problem Industrial Related. A request was made for follow up office visits 1 visit 6-8 weeks with the psychologist after "the completion of requested treatment to assess functional response to treatment in order to issue progress (PR-2) report. Medical necessity to monitor the patient's treatment plan and clinical risk factors. Evaluation and management outpatient visits to the office of the doctors play of critical role in the proper diagnosis and returned a function of an injured worker." The request was non-certified by utilization review with the stated explanation that the request is for a procedure that should be completed as a part of the treatment and not a separate intervention. 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:

**Follow-up office visit with psychologist to assess functional response to recommend treatments in order to issue progress- 1 office visit x 6-8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 11/21/14)

**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. According to the ACOEM guidelines follow-up visits are recommended for variety of reasons including patient tracking and determining status. The requested follow-up visits are not medically indicated for this purpose. For this request, the process of ongoing assessment of patient benefit, results of treatment, and documenting objective functional improvement or lack thereof as well as creating and updating treatment goals is considered to be an integral part of every psychological treatment session and not a separate treatment session in and of itself. While there is a need for documentation and measurement, and demonstration of objective functional improvement/patient benefit (or lack thereof) in response to ongoing psychological treatment, based on the guidelines, this would not be considered to be a separate treatment session. As such, this request is not medically necessary.