

Case Number:	CM15-0002387		
Date Assigned:	01/13/2015	Date of Injury:	02/27/2009
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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 was a 51 year old female, who sustained an industrial injury, August 26, 2002 and February 27, 2009. The injured worker's chief complaint was of left shoulder, neck, left knee and low back pain. The injured worker was diagnosed with right knee degenerative joint disease, lumbar disc disease and cervical spine myospasms. The injured worker's treatment consisted of pain medication, left shoulder arthroplasty times 3, Synvisc injections to left knee, chiropractic services, acupuncture and psychological services. The primary treating physician requested follow-up evaluation with a psychologist for depression, anxiety, hypoactive sexual desires and sleep. On December 9, 2014 the UR denied authorization for follow-up evaluation with a psychologist for depression, anxiety, hypoactive sexual desires and sleep. The denial was based on the ODG guidelines for office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation with psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Office Visits

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

Decision rationale: Chapter 15, page 405. 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. While the concept of follow-up visits in general medical practice are important, the distinction between a follow-up visit and a psychotherapy session is unclear. In general, material that would be discussed in a follow-up visit would consist of the same material that would constitute any psychological treatment session. The distinction between follow-up visits and psychological treatment was not made in this request, in fact no additional information with regards to the reason for follow-up visits was provided in the medical records. She has received an unknown quantity of psychological treatment with an unknown outcome from them. There is limited clinical information regarding her past psychological treatment and outcome during the past few years when has been provided. The request for unspecified number of follow-up visits is not supported as being medically necessary and therefore the original non-certification utilization review decision is upheld.