

Case Number:	CM15-0108965		
Date Assigned:	06/15/2015	Date of Injury:	04/21/2010
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic neck, shoulder, and elbow pain with derivative complaints of psychological stress, depression, and anxiety reportedly associated with an industrial injury of April 21, 2010. In a Utilization Review report dated May 28, 2015, the claims administrator partially approved a request for a psychologist referral to include re-evaluation and treatment as a one-time evaluation alone. The claims administrator referenced a May 15, 2015 RFA form and associated progress note of April 20, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 15, 2015, an elbow corticosteroid injection, a tennis elbow strap, and a psychological re-evaluation and treatment were endorsed. In an associated progress note dated April 20, 2015, the applicant reported ongoing complaints of neck pain, low back pain, and elbow pain with associated upper extremity paresthesias. The applicant remained quite depressed and anxious over her various medical and mental health issues. A psychological re-evaluation and unspecified amounts of psychological treatment were sought. The applicant was given a temporary handicapped placard. The applicant was placed off of work, on total temporary disability. An elbow corticosteroid injection was performed in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for psychological re-evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398; 405.

Decision rationale: The request for a psychological re-evaluation and treatment was not medically necessary, medically appropriate, or indicated here. The request is ambiguous and does represent a request for unspecified amounts of psychotherapy/psychological counseling. However, the MTUS Guideline in ACOEM Chapter 15, page 405 stipulates that the frequency of mental help follow-up visit should be dictated by the severity of an applicant's symptoms. Thus, the applicant's mental health issues were to abate, improve, etc., the applicant's need for follow-up visit would likely be diminished. Conversely, if the applicant's mental health issues were to deteriorate, more frequent mental health follow-up visits would be indicated. The request for an open-ended psychological re-evaluation and treatment, thus, was at odds with ACOEM principles and parameters. The MTUS Guideline in ACOEM Chapter 15, page 398 further notes that more minor mental health issues such as work stress and person-job stress can be handled effectively with talk therapy through a psychologist, while more serious mental health issues may need referral to a psychiatrist for medicine therapy. Here, the applicant's depression and anxiety were described as worsening on April 16, 2015. The applicant was off of work. It did not appear that the applicant's mental health issues were sufficiently minor so as to be addressed or redressed by a psychologist. Therefore, the request was not medically necessary.