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| Case Number: | CM15-0196776 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 12/31/2014 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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: 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 40-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 31, 2014. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for a follow-up visit with the psychologist. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant was given refills of Naprosyn, tramadol, Prilosec, and Methoderm cream. Ongoing complaints of neck and low back pain were reported. The claims administrator's medical evidence log states that the most recent note on file was in fact a September 7, 2015 office visit; thus, the September 9, 2015 office visit on which article in question was sought was seemingly not incorporated into the IMR packet. On a handwritten note dated September 7, 2015, the applicant reported ongoing complaints of neck and low back pain. Naprosyn, tramadol, Prilosec, Methoderm cream, and an epidural steroid injection were sought. An interferential stimulator device was also sought. The claims administrator did not seemingly make any mention of the applicant's mental health issues (if any) on this date. On April 8, 2015, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up.

Decision rationale: No, the request for a follow-up visit with the psychologist is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of [mental health] follow-up visits should be predicated on the severity of the an applicant's symptoms, whether an applicant was referred for further testing or psychotherapy, and/or whether an applicant is or not missing work. Here, however, the severity of the applicant's mental health symptoms was not clearly described or characterized on a handwritten progress note September 7, 2015. The applicant's response to earlier psychological counseling was not clearly detailed, described, or characterized. While the MTUS Guideline in ACOEM Chapter 15, page 398 acknowledges that issues with work stress and person-job fit may be handled effectively with talk therapy through a psychologist, the MTUS Guideline in ACOEM Chapter 15, page 398 also notes that applicants with more serious conditions may need a referral to a psychiatrist for medicine therapy. Here, the severity, scope, and/or magnitude of the applicant's mental health complaints was not clearly described or characterized on the most recent note on file dated September 7, 2015. While it is acknowledged that the September 9, 2015 office visit, which the claims administrator based its decision upon, was not seemingly incorporated into the IMR packet, the information on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.