

Case Number:	CM15-0023878		
Date Assigned:	02/13/2015	Date of Injury:	07/05/2012
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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:

This 54 year old male sustained an industrial injury to the left lower extremity on 7/5/12. The injured worker was diagnosed with left distal tibia and fibula fracture. The injured worker subsequently developed left leg compartment syndrome, bilateral shoulder rotator cuff syndrome secondary to prolonged use of crutches and depression. Treatment included intramedullary nailing, left leg fasciotomy, external fixation of left ankle, debridement of left lower extremity and soft tissue reconstruction, medications, physical therapy and psychological care. In a psychological evaluation dated 12/3/14, the injured worker reported ongoing left lower extremity pain 2-3/10 on the visual analog scale, fatigue, anxiety, depression, irritability, poor attention span, poor concentration span and withdrawal. The injured worker was diagnosed with depressive disorder not otherwise specified with anxious features, dyssomnia, avoidant personality traits, physical dysfunction and chronic pain. The treatment plan included ongoing follow up and ongoing psychological support focusing on pain control and providing emotional support in order to return successfully into the work place. On 1/20/15, Utilization Review non-certified a request for ongoing follow up and ongoing psychological support citing ACOEM and CA MTUS Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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 being requested. 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. There is inadequate and insufficient documentation of the patient's prior psychological treatment. Continued psychological care is contingent upon documentation of all of the following factors: significant patient psychological symptomology, evidence of substantial patient benefit from prior treatments including objectively measured functional improvements, and that the total quantity of sessions provided to date conforms with the MTUS/official disability guidelines. These guidelines recommended for most patients in a course of treatment consisting of 13-20 sessions is adequate. Because the total number of treatment sessions at the patient has had to date is unknown, because there is insufficient documentation of significant patient benefit from prior sessions, and because the request is unspecified in terms of quantity the medical necessity the request is not established. Because medical necessity request is not established the request to overturn the utilization review determination for non-certification is not approved.

Ongoing psychological support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: There is inadequate and insufficient documentation of the patient's prior psychological treatment to establish the medical necessity of this request. Continued psychological care is contingent upon documentation of all of the following factors: significant patient psychological symptomology, evidence of substantial patient benefit from prior treatments including objectively measured functional improvements, and that the total quantity of sessions provided to date conforms with the MTUS/official disability guidelines. These guidelines recommended for most patients a course of treatment consisting of 13-20 sessions. Because the total number of treatment sessions that the patient has had to date is unknown, and because there is insufficient documentation of significant patient benefit from prior sessions, and because the request is for an unspecified quantity, the medical necessity the request is not met. Because medical necessity request is not met, the request to overturn the utilization review determination for non-certification is not approved.