

Case Number:	CM15-0038031		
Date Assigned:	03/06/2015	Date of Injury:	09/25/2014
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/27/2015

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 45-year-old female reported a work-related injury on 09/25/2014. According to the progress notes dated 2/12/15, the injured worker (IW) reports frequent, moderate neck, low back and right wrist and ankle pain; she also has intermittent moderate right knee pain. The notes also state the "patient suffers from depression and anxiety". A Comprehensive Psychological Evaluation performed on 11/11/14 diagnoses the IW with major depression disorder, single episode, severe. The IW was also diagnosed with cervical, right knee and right wrist myofascitis, cervical/lumbar/right, wrist/right, knee/right, ankle sprain/strain, anxiety and depression. Previous treatments were not included in the documentation. The Utilization Review (UR) on 02/17/2015 non-certified the requested services/treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127.

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

Decision rationale: Citation 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. A request was made for a psychological consultation. The request was non-certified by utilization review with the following rationale: "the request is not medically necessary. The documentation provided does not support the need for this request. There is documentation of depression and anxiety as a diagnosis, however there is no documentation of prior treatments for this condition and active symptoms towards this request at this time." According to a primary treating physician's initial evaluation and report from October 23, 2014, the mechanism of injury is that the patient was working during her normal usual duties for [REDACTED] [REDACTED] as a general laborer when she lost her balance, twisted her ankle, and fell on her right knee and continued to fall, extending her right hand and wrist to break her fall, when she struck her elbow and shoulder on a wooden pallet. There was immediate strong pain to the right ankle and right wrist and upper back, neck and right hip area. According to a comprehensive psychological evaluation from November 11, 2014, the patient reports being asymptomatic before the work-related injury and now is experiencing anxiety and depression with excessive worry about her future, irritability, frustration, trouble sleeping with fatigue and anxiety attacks related to persistent physical pain. She was diagnosed with the following psychiatric disorder: Major Depression disorder single episode, severe. In the treatment recommendations based on this comprehensive psychological evaluation, it is noted that the patient should have a "psychiatric consultation." The patient appears to be having delayed recovery despite multiple conservative physical medicine interventions. This request is somewhat confused as there is a spelling error on the application which states "Psychology (sic) consultation". The request is interpreted subsequently as a request for Psychological consultation. However, in a comprehensive Psychological evaluation from November 11, 2014 there is a notation that the patient would benefit from a psychiatric consultation for depression. The medical records do support that a psychological consultation would be appropriate. This would not be an initial evaluation (which she has had and was provided for consideration) one session consultation with a psychologist. The UR decision incorrectly states that there are no active symptoms and no documentation of prior treatment. The patient does not appear to have received any prior psychological treatment for this injury. The ACOEM guidelines do support the requested treatment under Stress related conditions chapter, topic: follow-up as to "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" and presumably to clarify a clear treatment plan. Because medical necessity of the request has been established by the documentation provided, the request to overturn the utilization review determination for non-certification is approved.

