

Case Number:	CM15-0058423		
Date Assigned:	04/03/2015	Date of Injury:	03/13/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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: 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 low back and neck pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of March 13, 2014. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a follow-up visit with a psychologist. The claims administrator referenced a January 6, 2015 progress note and associated RFA form of February 27, 2015 in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of neck pain, back pain, headaches, leg pain, arm pain, and chest pain with derivative allegations of blurry vision also evident. The applicant had reportedly ceased work on October 24, 2014. A neurology consultation, general surgery consultation, MRI of the head, and a neuropsychological evaluation were endorsed. The requesting provider stated that he wished for the applicant to obtain a consultation with an out-of-network provider. The applicant did have various psychological issues which were briefly alluded to, alleged memory deficits, psychological stress at work, blurry vision, increased sleepiness, and headaches, all of which were deemed either psychological versus neurologic in nature. The remainder of the file was surveyed. There was no explicit mention of the applicant's having previously seen a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with psychologist: Overturned

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): 388.

Decision rationale: Yes, the request for a follow-up visit with a psychologist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, if symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated. Here, the applicant had a variety of mental health issues and/or allegations, including alleged diplopia, psychological stress, memory deficits, headaches, etc. Obtaining the added expertise of a psychologist, whether on a first-time basis or a follow-up basis, thus, was indicated. Therefore, the request was medically necessary.