

<b>Case Number:</b>	CM15-0236473		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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:

The injured worker is a 47 year old female who sustained an industrial injury on February 28, 2013. The IW did undergo right shoulder surgery March 2014. The IW had been previously deemed permanent and stationary. The worker is being treated for: depressive disorder NOS, psychological factors affecting a medical condition, status post right shoulder surgery with residual pain. Subjective: she reported becoming increasingly depressed and with continued right shoulder pain. There is also complaint of chronic neck, bilateral shoulder and low back pain. Objective: There is noted palpable tenderness over right shoulder girdle; painful arc at about 85 degrees; crepitus and pain on ROM (internal rotation) and a positive empty can sign, right. Diagnostic: UDSA July 2015. Treatment: activity modification, medication, surgery, FRP authorized to begin treatment October 2015; October 2015 noted second request for psychological follow up (first noted denied); August 2015 noted denied of acupuncture session request; 12 chiropractic sessions also noted with denial; she did undergo initial chiropractic treatment; HEP, rest, ice application, PT sessions totaling 24. Medication: July, September and October 2015: Tramadol. On October 28, 2015 a request was made for 6 follow up visits with psychologist that were non-certified by Utilization Review on November 04, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 follow up Visits with Psychologist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up, and Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress Chapter, topic: cognitive behavioral therapy, psychotherapy guidelines. August 2015 update.

**Decision rationale:** Clinical summary: The ACOEM guidelines recommend 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. A request was made for six follow-up visits with the psychologist, the request was not on certified by utilization review which provided the following rationale for its determination: "medical records provided for this review note that the visits with the psychologist is requested at the recommendation of the AME. Thus the request for follow-up visit is not appropriate if the patient has not been seen by the also, the patient has been authorized for the functional restoration program. As the psychology service is an integral part of FRP, this request is a duplicate of psychologist service." This IMR will address a request to overturn the utilization review decision. Decision: According to the utilization review rationale for its decision, the patient has been approved for a functional restoration program. The provided medical records indicate that the patient has started the functional restoration program and an initial evaluation for the program was found on August 27, 2015 date of service. Therefore it appears that this request would be redundant with the FRP which contains a strong emphasis on psychological treatment and thus the sessions appear to be a duplication of service. Because the sessions appear to be a duplication of services, the request is not medically necessary.