

Case Number:	CM14-0121783		
Date Assigned:	09/16/2014	Date of Injury:	05/22/2012
Decision Date:	10/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Psychology, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female who reported an injury on 06/22/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical spine spondylosis without myelopathy, cervical spondylosis, and cervicgia. Past medical treatment consists of trigger point injections, acupuncture, physical therapy, and medication therapy. Medications included albuterol, ibuprofen, naproxen, and Soma. An EMG revealed increased distal latency on the right median motor and sensory fibers. There was also a positive Johnson's test on the right. On 03/31/2014, the injured worker complained of cervical spine pain. It was noted in the physical examination that the injured worker was negative for muscle spasm on the cervical spine. Range of motion was 60 degrees upon flexion, 60 degrees upon extension, 70 degrees upon right rotation, and 70 degrees upon left rotation. The injured worker had decreased sensation at the right C6 and C7. Medical treatment plan is for the injured worker to undergo psychological counseling. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling for anxiety, one time per month for three months, then as needed:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for Psychological counseling for anxiety, one time per month for three months, then as needed is not medically necessary. The California MTUS/ACOEM states specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return to work process. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. The patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The submitted documentation lacked any evidence of significant deficits related to the injured worker's mental health. There were no signs or symptoms or diagnoses that would be congruent for a referral to a psychiatrist. As such, the request is not medically necessary.