

Case Number:	CM14-0124415		
Date Assigned:	08/08/2014	Date of Injury:	09/09/2009
Decision Date:	11/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Psychologist 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 50-year-old female with a reported injury on 09/09/2009. The injury reportedly occurred when the injured worker fell backward while holding a 60 pound box. The injured worker's diagnoses included depressive disorder, anxiety disorder, and sleep disorder due to chronic pain. The injured worker's past treatments included medications, psych evaluation and treatment to include cognitive behavioral therapy, group therapy, and hypnotherapy / relaxation training. The injured worker's diagnostic testing included a left shoulder MRI on 12/04/2013 and left shoulder arthrography with fluoroscopic guidance, and an MR arthrogram on 09/13/2012. The injured worker's surgical history included right shoulder manipulation under anesthesia on 12/28/2010, right shoulder manipulation under anesthesia with open rotator cuff repair, distal clavicle resection, and lysis of adhesions on 12/21/2011, an arthroscopic left rotator cuff repair with subacromial decompression on 11/27/2012, left shoulder manipulation under anesthesia on 03/19/2013, and a left distal clavicle resection, open partial acromioplasty with bursectomy and subacromial decompression, removal of retained suture, and repair of rotator cuff defect on 03/25/2014. The injured worker was evaluated on 07/25/2014 during a psychiatric office visit. She indicated that she felt sad, tired, nervous, emotional, stressed, sensitive, and irritable. She indicated frustration caused by her physical limitations and levels of pain. She indicated worry about her future and her physical symptoms. The clinician observed and reported a sad and anxious mood; apprehensive; poor concentration; bodily tension; and appeared tired. The clinician indicated that the injured worker was in need of continued treatment for her current symptoms. The treatment goals were to decrease frequency and intensity of depressive symptoms, improve duration and quality of sleep, decrease and frequency and intensity of anxious symptoms, and increase the use of appropriate pain control methods to manage levels of pain. The clinician's treatment plan was to continue cognitive behavioral group

psychotherapy, relaxation training/hypnotherapy, and psychiatric treatment as indicated by the psychiatrist. The request was for psychological followup. The rationale was as listed above. The Request for Authorization form was submitted on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Page(s): 101-102..

Decision rationale: The injured worker continued to demonstrate an anxious mood, apprehensiveness, poor concentration, bodily tension, and appeared tired. The California MTUS Chronic Pain Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. When pain is sustained in spite of continued therapy, intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. The California MTUS/ACOEM Guidelines state that the frequency of visits for stress related conditions may be determined by the severity of symptoms, whether the patient was referred for testing and/or psychotherapy and whether the patient is missing work. Generally, patients with stress related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. Followup by a physician can occur when a change in duty status is anticipated or at least once a week if the patient is missing work. The injured worker found the treatments with the psychiatrist to be helpful with mood and sleep. The clinician reported that the injured worker had made some progress toward current treatment goals as evidenced by the injured worker reporting a stable mood. Therefore, the request for psychological followup is medically necessary.