

Case Number:	CM14-0129958		
Date Assigned:	08/20/2014	Date of Injury:	10/30/2007
Decision Date:	09/19/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 California. 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:

According to the medical records that were provided for this independent review, this patient is a 59 year old female who reported industrial/occupational injury that occurred on October 30, 2007. The patient has been diagnosed with acute cervical strain; acute lumbar strain; bilateral carpal tunnel syndrome severe right worse than left; left wrist malunion secondary to a fall, secondary to right foot previous work related injury. She reports having chronic and persistent low back, neck and wrist pain. It was noted that during her medical examination she was crying and tearful throughout the whole process and was demonstrating and reporting significant depression and anxiety and that in the view of her primary treating physician the patient requires treatment for anxiety, stress, and depression. A request was made for consultation and treatment with a psychologist; the request was not approved by the patient's insurance company. The utilization review rationale for non-certification was stated as: that a psychological evaluation is appropriate and that the patient should have a psychological consultation but that the specific treatment would need to be approved based on the results of the consultation report and its recommendations. They agreed to certify the psychological consultation portion of this request but not the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, cognitive behavioral therapy, ; and psychological evaluation Page(s): 100-101. 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: the medical records that I received for this patient and for conducting this independent review were brief and consisted only of approximately 55 pages. The request that was made was for a psychological consultation and treatment. Unfortunately this request was poorly worded. First of all the psychological consultation is properly termed psychological evaluation to clarify what is being requested. As best as I can tell the utilization review did approve this evaluation and hopefully has been conducted by this time, however a copy of it was not provided for me for this review. It should be noted that the utilization review did not reject the fact that the patient needs treatment, it stated that it should follow a specific course where a psychological evaluation is conducted and completed and submitted and that the treatment recommendations should be followed that are listed in the report. There is a mistake in this decision, because there is no indication that a psychological evaluation must be completed prior to starting treatment in either the MTUS or ODG guidelines. It does however make reasonable clinical sense to do it this manner if it will not cause an undue delay in starting treatment, which can often be the case because the psychological evaluations typically tend to be a very long document and it can take several months to get a completed one returned back to the treating physician. But if there is no psychological evaluation there must be an adequate discussion of the rationale for the treatment request, which in this case was only marginally provided. There are indications in the brief medical chart that she is depressed and tearful and crying and under stress. It is likely based on her treating physician's comments that she does require a course of psychological treatment. I would've considered overturning this utilization review non-certification but there is another error in the request that makes it impossible to do so. This request is for unspecified quantity of psychological treatment, and even the treatment itself is not specified. All request for psychological treatment must contain a precise number of sessions that are being requested, this is because the MTUS and ODT offer specific guidelines for how many psychotherapy sessions may be offered. In addition it should be specified whether the treatment is going to consist of cognitive behavioral therapy, general psychotherapy, or some other psychological treatment modality. According to the MTUS/ODG guidelines patients may have 13-20 visits maximum if they are making progress in their treatment. It should be noted that this follows the completion of an initial treatment trial that consists of 3-4 sessions (MTUS) or six sessions (ODG) and that a report following the completion of the sessions must reflect the patient indeed made benefit with improvements in their functional capacity. Psychological symptomology is not the sole criteria on which the decision to allow for further sessions is made, it depends on the patient showing improvements in things such as activities of daily living, a reduction in work restrictions if applicable, and a likely reduction in the need for future medical treatment. Because of the way that the request was written it is impossible for me to overturn it and the lack of detailed discussion regarding her psychological condition, and failure to follow treatment protocols as dictated in the MTUS. This independent medical review is not able to

accept the request to overturn the non-certification as medical necessity has not been established. This is not to say that the patient does, or does not need the psychological interventions requested only that it cannot be approved based on the above reasons. Therefore, this request is not medically necessary.