MAXIMUS Federal Services

Case Number:	CM14-0139469		
Date Assigned:	09/05/2014	Date of Injury:	12/05/2009
Decision Date:	09/26/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Pracitice 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:

The injured worker is a 61-year-old female claimant who sustained a work injury on 12/5/09 involving the neck, head and left shoulder due to an assault as a train operator. She was diagnosed with rotator cuff syndrome and underwent decompression surgery in 2011. He had undergone therapy and a home exercise program. She additionally had cervical strain and post concussive head pain. She had completed a psychological testing which showed depression, anxiety and somatization. A progress note on 8/15/14 indicated the physician had a team conference with a psychologist concerning the claimant's depression related to the injury. The claimant was depressed and had difficulty sleeping. The treating physician requested a psychological consultation with 12 total visits. At the time the claimant had been on benzodiazepines for anxiety and 3 medication management visit follow-ups were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 follow up visits with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evalutaions Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Psychological Evaluation.

Decision rationale: According to the MTUS and Official Disability Guidelines (ODG), psychological evaluations are recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Although the claimant does need psychological evaluations and follow-up, the expected goals and defined length of need for follow-up and frequency were not identified by the psychologist or referring physician. Based on the above, the request for 12 visits with a psychologist is not medically necessary.

3 medication management visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC/office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visists.

Decision rationale: According to the Official Disability Guidelines (ODG), office visits are appropriate as medically necessary. In this case, the particular concern for medication management, complications related to medication and concerns of risk of specific medications were not specified. In addition, medications related to psychological issues and frequency for follow-up needed to be determined in subsequent visits and outlined specifically by the treating physician. Based on the above, the request for three visits for medical management is not medically necessary.