

Case Number:	CM14-0165098		
Date Assigned:	10/10/2014	Date of Injury:	05/12/2010
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 licensed 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 records that were provided for this IMR, this patient is a 61-year-old male who reported an industrial accident that occurred on May 12, 2010; with a second date of injury of September 1, 2008. Regarding the May 12, 2010 injury, he removed a boiler and replaced it with a new one and had asked for assistance in doing so but was not provided any. He carried it down the stairs and experienced pain in his neck, back and right knee and was unable to hold it due to the weight and pain. He let go of it and stop working and immediately informed his supervisor of the injury. No report was written and he was not referred to treatment so he sought out privately and obtained chiropractic care for one month when in September he was referred for treatment by his employer. He continued to experience symptoms and self-treated with over-the-counter medication and rest until August 2010 when he began treatment. Psychiatric treatment began around this time also as well as ongoing conventional medical interventions. The patient reported symptoms of depression and anxiety due to his overall pain symptomology. The injury occurred during his work duties as a maintenance technician for [REDACTED]. The mechanism of injury was not reported. Diagnoses include: cervical and lumbar spine sprain/strain with radicular complaints; bilateral knee strain/contusion/status post-arthroscopy. The September 1, 2008 injury occurred during his course of employment when he was pulling a water heater on a dolly down a staircase and felt sudden onset of pain to his low back and right knee. There is an inconsistent report in the medical record that states that on May 12, 2010 he had an injury that was related to repairing a toilet and has a completely different medical history than the one reported above, but the patient's name date of birth and company that he works for were all consistent. He reports having difficulty with showering, dressing, grooming, prolonged standing, walking, and driving. Primary treating physician orthopedic reevaluation from September 2014 states that the patient presents with intermittent moderate neck pain with

radiation to the left arm as well as low back with radiation to his legs, bilateral knee pain. This IMR will primarily focus on psychological/psychiatric symptoms and treatment as they relate to the current request. He had a psychiatric evaluation conducted late August 2014. The psychiatric evaluation was requested due to the patient's reports of stress and anxiety, and not be able to work or do daily activities which is overwhelming for him. A request was made for one follow-up visit with the psychologist to occur between 9/5/14 and 10/24/14. The utilization review rationale for non-certification was stated that the patient has a concurrent psychological testing evaluation pending and that treatment should not be authorized without knowing the results of psychological testing. The psychological testing was scheduled for early September 2014, and was approved for seven hours of psychological testing over today. With a follow-up visit after the completion of the testing. His psychological diagnoses include: other, pain disorder related to psychological factors, adjustment disorder with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Follow-up visit with Psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part two, Behavioral interventions, Psychological treatment; See also, Cognitive behavioral ther.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is 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 functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and post-traumatic stress disorder (PTSD). The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. With respect to this patient, this appears to be a request for the start of a new course of psychological treatment. There was a pending comprehensive psychological evaluation ordered to delineate the patient's symptomology and treatment needs. The request for one follow-up session was made prior to the completion of that evaluation which would provide substantiation on whether, or not treatment is needed. While in general comprehensive psychological evaluations are not required to initiate treatment, because one has been ordered and approved and was scheduled, the request for a follow-up visit after the completion of the testing is not medically necessary because the testing will determine how much, if any treatments should follow as well as what they should consist of. A follow-up visit with the psychologist is the equivalent of a treatment session. In psychological treatment, follow-up sessions and regular psychological cognitive behavioral therapy or psychotherapeutic sessions represent equivalent requests. Therefore, the medical necessity of one follow-up visit with the psychologist is not been documented as medically necessary.

