

Case Number:	CM14-0097610		
Date Assigned:	07/25/2014	Date of Injury:	05/05/2011
Decision Date:	10/02/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/17/2014

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 records provided for this independent medical review, this patient is a-57 (approximate) year-old female who reported and industrial/occupational injury that occurred on May 5, 2011. Medically, the patient has been diagnosed with Thoracic/Lumbosacral Neuritis/Radiculitis unspecified; Gastritis. She reports stomach pain and ongoing back pain. The patient has a diagnosis of: Adjustment Disorder with Depressed Mood. A request was made for psychological evaluation and treatment, the request was partially approved by utilization review that allowed for the psychological evaluation but not the treatment until the evaluation is completed. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation and treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG)

Decision rationale: I reviewed all the medical records as they are provided to me, however they consisted of only 30 pages most of which pertained to paperwork for this review. There was virtually no information provided about this patient's injury, for psychological struggles, and even her medical struggles were just limited to a note stating that she has stomach pain that appears to be industrial related but it seems like even that has not been determined fully. A request was made for psychological evaluation and treatment. The utilization review decision was to approve the evaluation but not approve the treatment until the evaluation is completed. This is a correct decision. According to the California Medical Treatment Utilization Schedule (MTUS) treatment guidelines psychological evaluations are a recommended procedure. The California (MTUS) states that psychological evaluations are generally accepted well-established diagnostic procedures not only with selected use in pain problems but also with my more widespread use in chronic pain populations. There is no requirement that states that the evaluation must be fully completed before treatment can commence. Often it is advantageous to start the treatment before the completion of the evaluation because the evaluation can take quite a while until it is in a final state. This can be counterintuitive from a medical perspective but is often understandable from a psychological treatment perspective. However, in this particular case because there is virtually no information at all with respect to this patient that was provided I would not be able to overturn the utilization review decision because is insufficient and virtually nonexistent supportive data that demonstrates the requested treatment is medically necessary. In addition there are few factors that are important for the requesting provider to know. First the request as it was written for this independent medical review was for psychological treatment, unspecified quantity. All requests for psychological treatment that are undergoing Independent Medical Review (IMR) must provide the exact quantity being requested. The IMR process is different than the utilization review process in that no modification can be offered. Essentially, the way this is written would be the equivalent of authorizing unlimited sessions in perpetuity until the patient's case is closed because there is no specific quantity mentioned. This makes it impossible to approve from an IMR perspective. In addition, this appears to be a request for a new treatment program for the patient. There is a specific protocol that the California (MTUS) treatment guidelines specifically state should be followed. First an initial treatment trial needs to be conducted that consists of 3-4 sessions California (MTUS). The results of this initial treatment trial need to be documented and if, and only if there is objective functional improvement then additional sessions can be offered. If there is improvement, according to the Official Disability Guidelines (ODG) guidelines 13 to 20 sessions maximum may be offered as long as progress is being made, and this progress assessment is an ongoing process usually done in small increments. Therefore, because this request was improperly stated and because of insufficient information and because it does not appear to be following the treatment protocol the request overturn the decision is not approved nor is it found to be medically necessary for those reasons.