

Case Number:	CM14-0176430		
Date Assigned:	10/29/2014	Date of Injury:	06/29/2013
Decision Date:	05/29/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 presented for this IMR, this patient is a 44 year-old male who reported an industrial injury that occurred on June 29, 2013 during the course of his employment as a chef at [REDACTED]. The mechanism of injury was stated that he was picking up boxes of chicken in the freezer that weighed approximately 80 pounds and had a slip and fall accident onto his back and may have blacked out during the fall. He reports continued persistent right shoulder and back pain that radiates into his lower extremities bilaterally, also radiating neck pain. Medically, a partial list of his diagnoses include: post-concussion syndrome; pain psychogenic NEC; sprain/strain of neck and lumbar; cervicobrachial syndrome; anterior right knee pain; broad-based posterior disc bulge at L5-S1. He has completed a functional restoration program and is reportedly continuing with home exercise program and coping skills per PR-2 report of October 2014. There was no documentation concerning the patient's psychological symptomology, prior medical treatment, psychological diagnoses, or reason for the requested treatment modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 follow-up Psychologist visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental Illness and Stress Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, See Also Cognitive Behavioral Therapy Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, October 2014 Update.

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 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 to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With regards to this request for 12 follow-up Psychologist visits the documentation that was provided for this independent medical review does not substantiate the requested treatment. There was no documentation of the rationale for this request provided. There is virtually no information regarding this patient's psychological symptomology that would warrant a psychological visit. There was one mention stating patient has "depression but denies anxiety and suicidal ideation." This was the extent of the medical records discussion of his psychological symptomology/prior treatment. There was mention of his participation in a functional restoration program but no details were provided concerning what psychological treatments were provided to him in the FRP and equally important what the outcomes were. Typically, patients receive outpatient psychological treatment prior to participation in a FRP, although this is not always the case. There was no documentation of any prior psychological sessions and so it is unclear whether he has had any prior psychological treatment. It is not clear if this is a request to start a new and initial treatment, or an ongoing visit with a mental health professional with which he has already established a relationship. If it is a request to start a new treatment, no psychological evaluation was provided or information about why the treatment is being requested, and the quantity requested exceeds the recommendations for an initial treatment trial of 3-4 session to determine patient response. If this is a continuation of an existing psychological treatment, additional sessions are contingent upon adequate documentation of the patient's symptomology being addressed, as well as quantity, duration, and outcome of prior

psychological treatments. Because the medical necessity of this request was not established solely due to insufficient documentation, the request to overturn the utilization review determination is not approved. This request is not medically necessary.