

<b>Case Number:</b>	CM14-0191543		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 a licensed Psychologist, 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 provided records, this patient is a 39 year old male who reported a work-related injury on February 23, 2010 during the course of his employment as a truck driver and driving on ice. The mechanism of injury was not reported. Medically, a partial list of his medical diagnoses include: cervical and lumbar sprain/strain, right shoulder labral tear, left knee cruciate ligament tear, status post left ring finger metacarpal fracture, Lumbar pain, status post osteotomy with internal fixation. Prior treatments appear to have included: physical therapy, conventional physical medicine, steroid injections, MRI imaging, acupuncture, right shoulder arthroscopic and open rotator cuff repair with decompression, TENS/H-wave therapy. It is not clear if all of these treatment modalities were authorized. He reports persistent low back and bilateral shoulder, left knee, left hand, thoracic, and hip pain. A request was made for "psychology evaluation and psychology consultation for 8-12 follow-up visits." The treatment was requested in order to: "deal with his persistent anxiety associated with his pain." The utilization review determination approved a psychological evaluation and non-certified the 8-12 follow-up visits pending completion of the psychological evaluation and submission of the comprehensive psychological consultation including diagnostic formulation and a treatment plan. This IMR will address a request to overturn the utilization review determination of non-certification for 8 to 10 follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology Consultation for 8-12 Follow-up Visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23 and 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 Update

**Decision rationale:** The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. 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 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. With respect to the current requested treatment of 8-12 follow-up visits with a psychologist, the medical necessity of the request was not adequately established based on the documentation provided for this review. Fifty-nine pages of medical records were provided for this review and carefully considered. There were neither psychological diagnoses nor detailed discussion of his psychological symptomology that would necessitate treatment. The only mention in the medical records of any psychological/psychiatric difficulty that the patient is experiencing was one sentence that has resulted from his pain condition mentioning anxiety. The mechanism of the patient's injury and how it has resulted in psychological symptomology was not discussed. The patient was injured nearly 4 years ago and it will be important to determine whether or not the patient is already received any psychological treatment based on symptomology resulting from his industrial injury. According to the utilization review rationale for non-certification, a comprehensive psychological evaluation has been authorized and approved, and the request for 8 to 12 follow-up visits will be considered pending the completion and submission of the comprehensive psychological evaluation. It is not clear if this evaluation has been completed, as no comprehensive psychological evaluation was submitted for consideration for this review. Although in some cases a psychological evaluation is not necessary in order to initiate

psychological treatment, in this case because there was essentially no information regarding the patient's psychological status there is a need for an initial psychological evaluation in order to determine the medical necessity of further psychological care and if so, to provide a diagnostic determination and developing a treatment plan with specific goals and expected dates of accomplishment. In this case, the psychological evaluation can determine whether, or not, follow-up visits can be provided by a mid-level practitioner or whether a course of individual psychological treatment is needed - as mentioned in the above guidelines. If psychological treatment is determined to be medically necessary based on a comprehensive evaluation, then an initial block of 3 to 4 sessions is recommended by the MTUS guidelines in order to determine whether or not the patient responds positively to the treatment in terms of objective functional improvements. The request for 8-12 follow-up sessions is excessive and does not follow the recommended protocol for an initial treatment trial. Additional sessions, 13 to 20 maximum, in most cases, may be offered if determined to be medically necessary. In this case the request for 8-12 follow-up visits is understood to be the equivalent of starting a course of psychological treatment and the medical necessity of this has not been established. Therefore, the request is not medically necessary.