

Case Number:	CM14-0191672		
Date Assigned:	11/25/2014	Date of Injury:	03/21/2011
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	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 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 provided records, this patient is a 34 year old male who reported a work-related injury that occurred on March 21, 2011 during the course of his employment for [REDACTED] [REDACTED] at the time of the injury he was working as a laborer and suffered a fall of 10 feet from scaffolding, landing on his right wrist and suffering a distal radial fracture. He reports chronic right ankle, knee, and hip pain, he also reports neck and low back pain. This IMR will remain focused on the patient's psychological symptomology as it pertains to the current requested treatment. His psychological diagnoses include: Depressive Disorder Not Otherwise Specified, Severe; Cognitive Disorder Secondary to Industrial Accident; Closed Head Injury with Disruption of Consciousness; Sleep Disorder, Interrupted; Sexual Dysfunction. A report from his primary treating physician dated October 16, 2014 states: "patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation." On this same document the request for 12 follow-up visits with a psychologist was made but no rationale was stated for the purpose of the request. There is a notation that he has already previously attended a functional restoration program and does not wish to attend a different/another FRP. The same notes reflects inconsistency in that it also states that the physician is going to start the patient on Prozac to help with depression as he is having gradual worsening of depression symptoms. A neuropsychological- psychologist PR-2 report from September 3, 2014 updates the patient status and notes that he has been attending psychological treatment once every 3 weeks with no indication of the total quantity and duration of prior sessions. There is a list of behavioral interventions the patient is doing to keep a consistent schedule in his life and some discussion of the patient's irregular use Seroquel and the need for consistency or to discuss any decrease in the medication with his primary physician. There was no discussion of objective functional improvements with psychological treatment and no current

list of treatment goals/plan that they are working on together with anticipated dates of completion. Several treatment progress notes indicate that the patient's "overall neuropsychological-psychological status has remained stable" but also that there are financial problems and sexual dysfunction that were discussed. A request was made for 12 follow-up visits with a psychologist, the request was non-certified by utilization review; this IMR 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:

12 follow up visits with a psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow-up 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. With regards to the request for follow-up visits, the medical necessity of the request was not established. There was no discussion of the patient's prior treatment with follow-up visits in terms of quantity and duration. The rationale for continued treatment was not established, nor was there a specific treatment plan for these follow-up visits. The guidelines for continued psychological treatment reflect the need to establish the medical necessity of the request. Continued medical necessity is contingent upon not only patient psychological symptomology, but also the patient maintaining progress and objective functional improvements as a result of the treatment. While general guidelines for psychological follow-up visits do not specify the number of sessions, the official disability guidelines to provide guidance for psychological treatment. For most patients it is recommended that 13 to 20 sessions are usually sufficient. In some cases of severe major depression, which does not appear to be relevant in this case, additional sessions can be allowed with evidence of progress being made. Because it is unclear how many sessions he is already had does not possible to determine whether 12 additional sessions would exceed the usual recommended guideline of 20 maximum however appears very likely so. Also, in the medical records provided there was no evidence of objective functional improvements as a result of his treatment or an outlined treatment plan detailing specifically what the treatment is intended to accomplish with anticipated dates of

accomplishment. Prior treatment sessions appear to be helping the patient to work on structure in his daily life and guiding him through his medical treatment in terms of addressing issues such as his diabetes and need to take psychiatric medication regularly. At this juncture the patient appears to have received an unknown quantity of the sessions, and the continued medical necessity of this treatment has not been established by the documentation provided. Therefore the request utilization review determination for non-certification is upheld.