

Case Number:	CM14-0212568		
Date Assigned:	12/29/2014	Date of Injury:	05/29/2008
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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 provided medical records, this patient is a 35 year old female who reported a work-related injury that occurred on May 29, 2008 during the course of her employment for [REDACTED]. The injury reportedly occurred during the course of her usual and customary employment duties as a new patient coordinator while she was sitting at her desk and felt a pop in her left shoulder and continue to work but the pain worsened. She has received acupuncture treatment and carpal tunnel release. She reports tightness in the upper back and neck, numbness in the hands, chronic neck pain on the left side which radiates into the left upper back and left thoracic paraspinal muscles with radiating pain from the neck into the left shoulder and intermittent pain of left wrist, thumb, index and middle fingers. She reports related anxiety and depression as a function of her pain. Medically, a partial list of her diagnoses includes: pain in joint shoulder, carpal tunnel syndrome, chronic pain not otherwise elsewhere classified, long-term medication use not otherwise classified. She is status post cervical RFA. A progress report from September 2, 2015 from her primary treating physician, notes that the patient was tearful the office visit due to depression. The request was made on that date for psychological evaluation and 12 sessions of cognitive behavioral therapy, and was scheduled to start on October 15, 2014. A psychological evaluation was completed October 15, 2014 and she was diagnosed with the following psychological disorders: Depressive Disorder Not Otherwise Specified Anxiety Disorder Not Otherwise Specified. There is a notation that her depressive symptoms are worsening and that hopefully "with psychological treatment patient will be able to work and not require higher levels of care." She evident symptoms of

depression, anxiety and insomnia. The symptoms appear according to the report to be interfering with her functioning and daily activity and treatment was requested. According to an agreed medical evaluation from October 27, 2014 a prior psychiatric agreed medical examiner found that there is potentially and associated somatoform. A request was made for additional psychological follow-up visits x 12, the request was non-certified by utilization review stated that "current evaluation does not indicate any current significant psychological signs and symptoms. There is insufficient evidence that there is a functional limitation or delayed recovery attributable to psychological condition that needs to be addressed. In fact, the claimant is able to perform for work duties." 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:

Additional Psychologist follow-up visits x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

Decision rationale: 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. The medical necessity of the request for 12 sessions is not supported by the documentation provided for this review; there was insufficient documentation of prior psychological treatment. Because no psychological treatment progress notes were submitted for this review it was not possible to determine whether or not the patient has received any psychological care already. There is a psychological evaluation that was submitted mentioning the requested 12 sessions of psychological treatment. Other than this one evaluation there was no other additional psychological information. The patient's symptomology from a psychological perspective has been established adequately and there was sufficient documentation to warrant treatment. However, it appears that the patient has already been authorized for some psychological treatment sometime late in 2014. Because no documentation from those sessions was provided it could not be determined whether or not they occurred and if so how many sessions were provided and what the treatment outcome was. This does appear to be a request for additional treatment sessions which suggests that some have already occurred but because there was no documentation even this could not be verified for the IMR consideration. Because of insufficient psychological documentation (there were ample general medical reports) the medical necessity could not be established. This is not to say that the requested treatment is, or is not, necessary only that there was insufficient psychological

treatment documentation to make a determination. If this is a request for an initial treatment then it would not conform to MTUS guidelines which recommend an initial treatment trial of 3 to 4 sessions. And, as has already been mentioned, if this is a request for additional sessions, as it appears to be, then additional sessions cannot be authorized without documentation of objective benefit and functional improvement from prior treatment. The official disability guidelines recommend a maximum of 13 to 20 sessions for most patients. It was not possible to determine whether or not this request for 12 sessions and forms to that guideline suggestion. Because of these reasons medical necessity could not be established, and therefore the request to overturn the utilization review determination of non-certification is not approved.