

Case Number:	CM15-0106813		
Date Assigned:	06/11/2015	Date of Injury:	02/28/2013
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/02/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on 02/28/2013. The injured worker is currently permanent, stationary, and working with work restrictions. She is diagnosed with cervical spinal stenosis, neck pain, cervicobrachial syndrome, lumbar region sprain/strain, and right shoulder pain status post right shoulder arthroscopy. Treatments to date have included physical therapy, right shoulder surgery, and medications. PR2 of 03/23/2015 shows complaints of persistent shoulder, neck, and low back pain. On 04/30/15, the patient presented with complaints of anxiety, depression, poor concentration, and memory loss. On 05/08/15 UR, appeal reports that the patient complains of depression and anxiety secondary to chronic pain. Psychological treatment may prevent worsening. On 05/28/15 there is a note indicating that authorization was granted for a psychological evaluation however, there was no report in documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 follow-up visits with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

Decision rationale: The patient complains of depression and anxiety related to pain. No diagnosis was provided, no scales were administered (e.g. Beck Inventories) to establish a recent baseline. Psychological evaluation was apparently authorized but not provided for review. Behavioral interventions are recommended to identify and reinforce coping skills in the treatment of pain. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks with further authorization given if there is evidence of objective functional improvement. The request for six sessions is therefore not medically necessary.