

<b>Case Number:</b>	CM15-0118465		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/22/2008
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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  
 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:

The injured worker is a 42 year old male who sustained an industrial injury on 9/22/08 resulting in fatigue, pain in the shoulder and upper back between the shoulder blades beginning in 2007 for which he received medication and physical therapy. His symptoms worsened in spite of the treatment and by 2008 he was also experiencing numbness, cramping and fatigue in his hands and arms. He was placed on disability and had x-rays and MRI of the shoulder which had positive results. He had right shoulder surgery in 2009 and post-operative physical therapy and the pain in his right upper extremity worsened causing him to become irritable and violent because of increased pain. In 12/2009, he had surgery on his left shoulder with decrease in pain. In 2011 he had surgery on the right shoulder with decrease in pain. He currently complains of persisting pain, sleep difficulties, problems concentrating, irritability, swelling in the hands and headaches. On physical exam, he exhibits anxiety, apprehension, tiredness, nervousness, restlessness, sweaty hands and is over talkative. He is preoccupied with his emotional condition. Diagnoses include generalized anxiety disorder; insomnia; pain disorder with psychological and medical factors; major depressive disorder; right ring trigger finger, status post right ring trigger finger release; right thumb, ring and little finger post carpal tunnel release persistent triggering, status post injection X4; right shoulder recurrent full thickness rotator cuff tear with moderate acromioclavicular arthropathy, status post repeat video arthroscopy with repeat subacromial decompression and repeat rotator cuff tear; bilateral shoulder impingement syndrome, status post bilateral video arthroscopies; bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release. Treatments to date include medications; psychological group sessions from

which he learned and uses relaxation and coping skills; home exercise program. In the progress note dated 5/4/15 the treating provider indicated that the injured worker is responding to treatment and is in need of continued services. On 5/20/15, Utilization Review evaluated a request for follow up with psychologist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Follow up visit with psychologist, per 5/4/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**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. A request was made for a "follow-up visit with psychologist, per 5/4/15 order"; the request was non-certified by utilization review with the following provided rationale: "the patient has a 6.5 year history of physical injury with associated emotional distress who has been afforded almost 3 years of ongoing psychological treatment without specific, objective documented benefit. It appears that the requested follow visits with the psychologist are periodic re-evaluation sessions for the purpose of generating a progress report. Therefore the request for follow-up office visits with the psychologist, per 05/04/15 order is not medically necessary." This IMR will address a request to overturn that decision. According to a June 30, 2014 progress report from the patient's primary treating psychologist it is noted that the patient is "better able to cope with stress with the treatment, however his persistent pain affects his activities of daily living and at times his sleep. It is noted that during the day he lacks energy and motivation and feels angry sad and nervous, irritable and easily angered and is bothered by his emotional symptoms that interfere with interactions with family members. It is noted that he needs continued treatment for his symptoms of depression and anxiety. Treatment goals are listed as decreasing the frequency and intensity of depressive and anxious symptoms improving the duration and quality of sleep and developing rational thoughts about levels of pain and stress. Treatment progress to date is noted as "reports of improved mood and motivation with treatment and improved social functioning due to treatment." Is noted that the patient should "continue in group psychotherapy one time a week as well as engaging and relaxation training." A treatment progress note from August 11,

2014 is nearly identical and does not provide an update on the treatment goals from the prior month. There is no clear indication of how many treatment sessions the patient has received to date nor is there any clear indication of specific treatment gains have been achieved in terms of objectively measured functional improvement. Medical necessity of the request for additional psychological treatment is therefore not established based on this. In addition, it does appear that the patient has received a significant amount of psychological treatment, although this could not be determined definitively as it is not clear when he started this course of psychological care. A comprehensive psychological evaluation dating back to July 28, 2012 was found as evidence of this concern. In order for additional treatment sessions to be authorized more detailed information is needed regarding the patient's prior psychological treatment history in terms of duration and quantity and outcome. In the absence of this information medical necessity of further treatment could not be established based on the patient's psychological symptoms alone. This is not to say that the patient does not require continued psychological treatment, only that the request for additional follow-up visit is not supported by the MTUS/ODG guidelines as stated above and discussed in the provided medical records. For this reason the medical necessity the request is not established and utilization review determination of non-certification is not medically necessary.