

Case Number:	CM15-0179353		
Date Assigned:	09/21/2015	Date of Injury:	12/05/2009
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 61 year old female with a date of injury on 12-5-2009. A review of the medical records indicates that the injured worker is undergoing treatment for neck sprain-strain, lumbar region sprain-strain, shoulder pain, headaches, major depressive disorder-moderate, anxiety disorder not otherwise specified, post-concussive disorder not otherwise specified and chronic pain. According to the initial psychological evaluation dated 7-28-2015, the injured worker complained of fatigue, inefficiency and an inability to concentrate. She reported feeling hopeless and helpless. The patient has had higher level of depression, cognitive difficulties, fatigue. Per the treating physician (2-27-2015), the injured worker was permanent and stationary with permanent disability. The mental status exam (7-28-2015) revealed the injured worker to have some difficulty with attention and concentration. She complained of short term memory challenges and sleep difficulties. Diagnostic psychological testing was administered. According to the Millon Behavioral Medicine Diagnostic inventory, the injured worker reported higher levels of depression and cognitive dysfunction than the typical medical patient. The results of the P3, the Pain Patient Profile indicated that the injured worker was experiencing higher levels of depression than the typical medical patient. According to the Symptom Checklist-90 (SCL-90), the injured worker's symptomatic distress levels were elevated. Treatment has included left shoulder surgery in 2011, physical therapy, acupuncture, and medications. Current medications (7-28-2015) included Celexa, Ambien and Valium. The patient had used Wellbutrin, Prozac, Paxil and Zoloft. The request for authorization dated 8-6-2015 was for eight follow up visits with the psychologist. The original Utilization Review (UR) (8-13-2015) denied a request for eight follow up visits with the psychologist. The patient sustained the injury due to fall from a train. The patient has had history of being assaulted by a passenger. Patient had received 6 sessions of FRP for this injury. Per the note dated 9/10/15

the patient had complaints of pain in low back, leg, left shoulder with numbness and tingling in upper extremity. Physical examination revealed significant anxiety, depression and difficulty in sleeping. The patient has had MRI of the left shoulder on 4/23/14 that revealed tendon tear and tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 follow up visits with the psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 09/30/15) Cognitive behavioral therapy (CBT) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: 8 follow up visits with the psychologist. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The patient had diagnoses of neck sprain-strain, lumbar region sprain-strain, shoulder pain, headaches, major depressive disorder-moderate, anxiety disorder not otherwise specified, post-concussive disorder not otherwise specified and chronic pain. According to the initial psychological evaluation dated 7-28-2015, the injured worker complained of fatigue, inefficiency and an inability to concentrate. She reported feeling hopeless and helpless. The patient had a high level of depression, cognitive difficulties, fatigue. The mental status exam (7-28-2015) revealed the injured worker to have some difficulty with attention and concentration. She complained of short term memory challenges and sleep difficulties. According to the Millon Behavioral Medicine Diagnostic inventory, the injured worker reported higher levels of depression and cognitive dysfunction than the typical medical patient. The patient's surgical history include left shoulder surgery in 2011. Current medications (7-28-2015) included Celexa, Ambien and Valium. The patient had used Wellbutrin, Prozac, Paxil and Zoloft. So the patient has had a trial of psychiatric medications. The patient sustained the injury due to a fall from a train. The patient had a history of being assaulted by a passenger. Therefore there is a history of psychological trauma. Per the note dated 9/10/15 the patient had complaints of pain in low back, leg, left shoulder with numbness and tingling in upper extremity. The examination revealed significant anxiety, depression and difficulty in sleeping. The patient has had a MRI of the left shoulder on 4/23/14 that revealed tendon tear and tendinosis. The patient has chronic pain with significant objective abnormal findings and psychiatric symptoms. The request for 8 follow up visits with the psychologist is medically necessary and appropriate for this patient at this time.