

Case Number:	CM15-0063507		
Date Assigned:	04/09/2015	Date of Injury:	07/11/2014
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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 52 year old male, who sustained an industrial injury on 7/11/14. He reported sharp pain in back, neck and bilateral legs, knees and ankles. The injured worker was diagnosed as having lumbar spine radiculopathy and anxiety and depression. Treatment to date has included oral medications, epidural steroid injection, physical therapy, and activity modifications. Currently, the injured worker complains of constant low back pain with anxiety and depression. Physical exam noted tenderness on palpation of lumbar spine paraspinal muscles with decreased range of motion. The treatment plan consisted of follow up appoint with pain management, follow up appointment with psyche and continuation of medications including Flexeril, Voltaren, Prilosec and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Psyche visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers Compensation - Pain (Chronic): Office visits Evaluation and Management (E & M).

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 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. Decision: A request was made for: "F/U Psyche" the request was non-certified bite utilization review with the following rationale provided: "there is no documentation of prior psychotherapy, response to this treatment for any significant change and anxiety or depression for which psych follow-up is medically necessary at this and time." With respect to this patient, the request for follow-up visits is not supported as being medically necessary. The request is unspecified in terms of quantity. All requests for psychological treatment that are submitted for IMR need to have a specific quantity of the treatment modality. Without specifying the quantity this becomes essentially a request for unlimited number of follow-up visits. In addition to the problem with non-specification of the quantity of requested sessions, there was no supporting documentation provided for consideration with regards to this patient's psychological status. Is unclear whether or not this is a request for a new course of psychological treatment or if the patient has been already participating in psychological treatment and this is a request to continue it. If this is a request for a new course of psychological treatment, there was no psychological evaluation provided. While a psychological evaluation is not always essential in this case there is no supporting documentation other than a diagnosis of depression and anxiety on which to support this requested intervention. If this is a request to continue an already in process psychological treatment then there were no supporting documents provided with regards to how many sessions the patient is already received and what if any functional outcome has been derived from prior treatment. Due to a lack of documentation supporting the request, the medical necessity of the request is not established. Therefore, because the medical necessity request is not been established the utilization review determination for non-certification is upheld. This is not to say that the patient does, or does not require psychological care only that there was insufficient documentation provided with this request in order to substantiated the medical necessity of the request.