

Case Number:	CM15-0067309		
Date Assigned:	04/15/2015	Date of Injury:	07/22/2009
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/09/2015

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 60 year old female injured worker suffered an industrial injury on 07/22/2009. The diagnoses included mood disorder with major depressive like features and reflex sympathetic dystrophy. The diagnostics included psychological evaluation 1/31/2015. The injured worker had been treated with psychotropic medications. On 1/29/2015 the treating provider reported severe depressive and severe anxious symptoms and thoughts of death and is in need of psychotherapy therapy. The treatment plan included Office visits sessions for the diagnosis of Mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visits sessions for the diagnosis of Mood disorder, outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Continued psychological treatment is contingent upon the establishment of medical necessity. For example documentation of all 3 of the following: significant patient psychological symptomology that necessitates psychological treatment, total quantity of requested treatment sessions in addition to the total number of quantity of prior treatment sessions provided consistent with MTUS/ODG guidelines, and evidence of significant patient benefit from prior treatment including objectively measured functional improvement. According to a treatment progress note from January 13, 2015 from the patient's primary treating psychologist, the patient reports continued depression and anxiety symptoms, insomnia, excessive worries and chronic pain. Additional symptoms were mentioned. Six treatment goals were listed including: decreasing frequency and intensity of depressive and anxious symptoms, increased engagement and usual activities and social interactions, increase levels of motivation and hopefulness, improve duration and quality of sleep, developing appropriate stress management skills, and developing rational thoughts about levels of pain and stress. However, the treatment goals do not list any expected dates of accomplishment nor do they indicate any progress being made towards these goals based on prior treatment sessions. No objective measures of functional improvement were provided. No information about her prior treatment was included for review. It is unclear how much, if any, psychological treatment she has received since her injury. The total quantity of treatment sessions at the patient has received to date is unknown and was not clearly stated on the provided documents. The medical necessity criteria of documenting patient benefited including objectively measured functional improvement was not met adequately by the provided documentation. Because of this reason, and because the total quantity of sessions already provided was not reported. Because of these reasons the medical necessity of the requested treatment was not established. Because the medical necessity was not established the UR decision for non-certification is upheld and is not medically necessary.