

Case Number:	CM13-0010440		
Date Assigned:	12/11/2013	Date of Injury:	10/08/2011
Decision Date:	01/30/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male, who worked as a truck driver and delivery tech. He sustained a work-related injury dated 10/8/2011, secondary to the overuse of the right knee, resulting in a torn meniscus, bursitis, and tendonitis. The patient has shown motivation to engage in individual psychotherapy to address chronic pain management, depressed mood, anxiety, and anger utilizing a Cognitive Behavioral Therapy (CBT) approach. The focus of session was on managing frustrating life situations and behavioral sleep strategies. His multi-axial diagnosis is: Axis I: 307.89 Pain Disorder Associated with Psychological Factors and General Medical Condition. Major Depressive Disorder, Recurrent, Severe. Axis II: Deferred. Axis III: Chronic pain, work-related injury. Axis IV: Chronic medical problems, legal problems, problems related to primary support and disability. Axis V: Global Assessment of Function {GAF} : 45 - 50.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) evaluation with the pain psychologist to develop pain coping strategies between 5/15/2013 and 8/22/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations Page(s): s 100-101.

Decision rationale: The Chronic Pain Guidelines indicate that psychological evaluations are recommended, when it is related to pain. The guidelines also indicate that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. In the case being reviewed, the patient was motivated for psychotherapy, has chronic pain and has clear records by a licensed psychologist to support pain psychology as requested. Only one session is being requested. The patient has records documenting his doing well in 6 previous psychotherapy sessions. The guidelines support the request as cited above.