

Case Number:	CM13-0010957		
Date Assigned:	12/27/2013	Date of Injury:	12/04/2007
Decision Date:	04/04/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 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/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:

According to the records made available for review, this is a 47-year-old female with a 12/4/07 date of injury. At the time of request for authorization (7/26/13) for psychology consult, there is documentation of subjective (low back pain radiating to the ankle, calf, foot and thigh, and depression and anxiety) and objective (antalgic gait, normal insight, normal judgment, and appropriate mood and affect) findings, current diagnoses (chronic pain), and treatment to date (psychotherapy (unknown amount)). In addition, medical reports identify a plan for more psychotherapy for reinforcement of pain coping skills. There is no documentation of the number of previous psychotherapy visits to determine if guidelines have been exceeded or will be exceeded with the additional request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGY CONSULT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Behavioral interventions Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. The MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of a diagnosis of chronic pain and a plan identifying more psychotherapy for reinforcement of pain coping skills. In addition, there is documentation of previous psychotherapy visits. However, there is no documentation of the number of previous psychotherapy visits to determine if guidelines have been exceeded or will be exceeded with the additional request. Therefore, based on guidelines and a review of the evidence, the request for psychology consult is not medically necessary.