

Case Number:	CM13-0012776		
Date Assigned:	09/30/2013	Date of Injury:	01/24/2004
Decision Date:	01/02/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/19/2013

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 Psychology, 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.

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 claimant is a 56 y.o. female (DOB [REDACTED]) with a date of injury of 1/24/04. Current diagnoses given by Dr. [REDACTED] in his most recent report, dated 9/20/13 include the following: (1) lumbar facetal syndrome; (2) low back pain; (3) lumbar strain or sprain; (4) lumbar radiculopathy; (5) chronic pain; (6) foot pain; (7) hypertension. Although Dr. [REDACTED] did not diagnose any psychological disorders, there is mention in several of his reports of symptoms of both depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology consult/evaluation for pain, #8 with Dr. Tamara Elkins: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

Decision rationale: Based on the medical reports, it does appear that the claimant would benefit from a psychological, pain management evaluation and possible follow-up services, however, the request for a pain psychology consult/evaluation and eight sessions with Dr. [REDACTED] exceeds the guidelines referenced above. According to the CA MTUS, psychological evaluations for the treatment of pain are recommended however, the guidelines for behavioral interventions

Final Determination Letter for IMR Case Number CM13-0012776 3 suggest 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)" may be necessary. Given this criteria, the request for a pain psychology consult/evaluation and eight sessions with Dr. [REDACTED] is not medically necessary.