

Case Number:	CM13-0013178		
Date Assigned:	12/11/2013	Date of Injury:	08/27/2002
Decision Date:	01/22/2014	UR Denial Date:	08/07/2013
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 Orthopedic Surgery and is licensed to practice in Michigan, Nebraska, and Texas. 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:

This is a female patient who reported an injury on 08/27/2002. The patient has a primary diagnosis of lumbago. The patient was recently seen by [REDACTED] on 07/24/2013. The patient reported increasing pain in the lumbar spine. Physical examination revealed 70% range of motion, atrophy of the left buttock, left sciatic notch tenderness, tenderness over the greater trochanter on the left and normal gait. Treatment recommendations included behavioral pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral Pain Management with a Spanish-speaking Psychologist for an evaluation:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Summary of Recommendations, Chronic Pain Disorders..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 100-101.

Decision rationale: California MTUS Guidelines state psychological evaluations are recommended. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Behavioral interventions are recommended. California MTUS utilizes the ODG

Cognitive Behavioral Therapy Guidelines for chronic pain, which indicate an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the clinical notes submitted, there is no documentation of psychiatric symptoms that would warrant the need for a psychological evaluation. Without further documentation, the medical necessity for the requested service has not been established. As such, the request is non-certified.

6 follow-up visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Summary of Recommendations, Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 100-101.

Decision rationale: California MTUS Guidelines state psychological evaluations are recommended. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Behavioral interventions are recommended. California MTUS utilizes the ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which indicate an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the clinical notes submitted, there is no documentation of psychiatric symptoms that would warrant the need for a psychological evaluation. Without further documentation, the medical necessity for the requested service has not been established. The current request for 6 outpatient sessions exceeds guideline recommendations of an initial trial of 3 to 4 psychotherapy visits over 2 weeks. Therefore, the request is non-certified.