

Case Number:	CM13-0013692		
Date Assigned:	01/15/2014	Date of Injury:	03/25/2000
Decision Date:	03/19/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 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:

The claimant is a 55 year-old female (██████████) with a date of injury of 3/25/00. According to reports, the claimant sustained injury to her back when she was carrying a tray down some stairs to the kitchen and twisted her back to press the door-open button. She sustained this injury while working for ██████████. She has been medically treated via medications, physical therapy, injections, and surgery. In his "Treating Physician's Progress Report, review of Medical Records and Request for Authorization" dated 10/16/13, ██████████ diagnosed the claimant with: (1) Status post L5-S1 fusion both anterior and posterior with BAK changes; (2) Acute exacerbation of chronic low back and lower extremity pain; (3) Status post spinal cord stimulator implant with entire system replacement on November 30, 2009; (4) Lumbar spondylosis stenosis with facet syndrome; (5) Bilateral sacroiliac joint pain; (6) Status post-opiod detoxification completed October 18, 2006; and (7) Depression secondary to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment and the behavioral interventions/treatment.

Decision rationale: Based on a review of the medical records, the claimant has received psychiatric services from [REDACTED]. In his 2/11/13 PR-2 report, [REDACTED] wrote that the claimant's "condition is stable. Medications can be managed via her pain management [REDACTED]. Further treatment in psychiatry not necessary other than meds by pain management." It is unclear as to how many total psychiatric visits were completed by the claimant up to that point. There are no more psychiatric records following this report. However, in his 10/16/13 PR-2, [REDACTED] writes, "The patient is currently undergoing psychological treatment with [REDACTED]". It is unclear whether the claimant resumed services following [REDACTED] 2/11/13 report. If so, there are no current psychological/psychiatric records offered for review. Additionally, there is no evidence presented to warrant psychological services. It is unclear as to why such services are being requested. Additionally, the request for "Psychological treatment" remains vague and does not provide enough information as to how many sessions are being requested, what type of therapy is to be used, and over what duration are services to be provided. Due to the lack of background information regarding the need for psychological services and the vagueness of the request, the request for "Psychological treatment" is not medically necessary.