

Case Number:	CM13-0023083		
Date Assigned:	12/11/2013	Date of Injury:	07/25/2012
Decision Date:	01/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

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:

This 34 year old male mechanic slipped and fell in motor oil, injuring his low back on 7/25/12. Treatment to date: Physical therapy X6 7/12-9/12, MRI 9/19/12, Chiropractic treatments X8 1/13-3/13, PT X6 and LESI approved 9/5/13. On 8/20/13 the worker complained of low back, right buttock and right lower extremity pain. No emotional symptoms were noted and no mental status exam was documented. However the doctor noted "chronic pain syndrome with both sleep and mood disorder." The doctor noted that ESI "was not initially authorized." Diagnosis: low back pain. Requested: Pain Psychology Consult and Treat x6 Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation and treatment x 6 sessions: Upheld

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

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

Decision rationale: The MTUS Chronic Pain guidelines are clear that a total of up to 6-10 visits are in keeping within guideline recommendations. Six psychotherapy sessions exceeds the

guideline of an initial trial of 3-4 psychotherapy visits over 2 weeks and as such are not medically necessary per MTUS.