

Case Number:	CM13-0027242		
Date Assigned:	11/22/2013	Date of Injury:	03/08/2013
Decision Date:	01/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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.

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 23 year old female, who has a date of injury of 3/8/13 while employed as a laundry worker. She apparently suffered a back injury leading to pain and associated depression, lack of motivation, low energy and anxiety. An earlier request for a Psychological Pain Evaluation was not certified, however 4 CBT sessions were certified on 9/11/13. The results of the approved CBT treatments or if they occurred are not noted. An Independent Medical Review was requested on 9/27/13. The most recent medical report available for review is a Pain Management Consultation Report dated 10/23/13 per two providers, [REDACTED] Occupational Medicine and [REDACTED] Chiropractic and Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological pain evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: A "Psychological Pain Consultation" completed report dated 8/30/13 done by [REDACTED] and his associates are noted. It is also noted that a request for this consultation per [REDACTED] is also dated on 8/30/13. Obviously the evaluation occurred prior to the request for

such a service. Review of the available records indicates that the claimant had self-reported symptoms and complaints of depression, anxiety, low energy, sleep issues related to her chronic pain. However, prior to this evaluation being completed on 8/30/13 there was an absence of significant observed, objective clinical findings documented that would support the evaluation being performed on 8/30/13 as being medically necessary and appropriate. There was an absence of psychiatric clinical findings, including serial mental status examinations to substantiate a severe mental disorder related to her physical pain that would support a Psychological Pain Evaluation.

The request for four (4) sessions of cognitive behavioral therapy is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain page 23-25, Psychological Treatments, pages 101-102 Official Disability Guidelines (ODG) Mental Illness & Stress, Procedures, Cognitive Behavioral Therapy.

Decision rationale: Claimant apparently had various modalities of treatments with [REDACTED]. None of [REDACTED] progress notes available for review contained any observed, objective clinical findings indicating an on-going, severe mental impairment. The notes contained self-reported complaints and symptoms by the claimant that were not substantiated by objective clinical findings. There is an absence of clinical notes regarding any psychotherapy, including the 4 CBT treatment sessions approved 9/11/13, that claimant is receiving or has received and the results of same.