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| Case Number: | CM13-0028304 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 07/26/2011 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is licensed 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 45 year-old female with a date of injury of 7/26/11. According to medical reports, the claimant was injured when she fell from a step stool that she had been standing on. She has been diagnosed by [REDACTED] with: (1) cervicalgia; (2) joint pain - shoulder; (3) myalgia and myositis MOS; (4) psychogenic pain NEC; (5) anxiety state NOS; and (6) depressive disorder NOS. Additionally, in her QME psychological evaluation report dated, 8/3/13, but based on an exam date of 6/5/13, [REDACTED] diagnosed the claimant with adjustment disorder with mixed anxiety and depressed mood and pain disorder associated with psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 pain psychology 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: Based on the review of the medical records, it appears that psychological services are needed for the claimant; however, the request for 10 sessions of pain psychology

exceeds the treatment suggestions set forth by the CA MTUS. The CA MTUS indicates that for behavioral the treatment of pain, an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be needed. Based on these cited guidelines, the request for 10 sessions of pain psychology is not medically necessary.