

Case Number:	CM13-0029515		
Date Assigned:	11/01/2013	Date of Injury:	11/06/2007
Decision Date:	01/03/2014	UR Denial Date:	09/15/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

56 y.o. female with 11/6/07 injury date suffers from chronic low back pain, lumbar degenerative spondylosis and pian disorder with psychological condition. The denial letter dated 9/15/13 was reviewed. The reason for denial was that this request was previously authorized from 8/7/13. Medical report from 7/26/13 was reviewed. The request was for extension of approval for psychological evaluation. Diagnosis include Pain disorder with psychological condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 extension of approval for behavioral medicine consultation for evaluation/treatment affective/emotional pain component between 9/12/2013 and 10/28/2013: Overturned

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

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

Decision rationale: I would recommend authorization of the requested extension. MTUS supports psychological evaluation for chronic pain disorders and the patient meets the criteria. The request for 1 extension of approval for behavioral medicine consultation for evaluation/treatment affective/emotional pain component between 9/12/2013 and 10/28/2013 is medically necessary and appropriate.

