

Case Number:	CM13-0035757		
Date Assigned:	12/13/2013	Date of Injury:	01/18/2012
Decision Date:	04/09/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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:

The claimant reported a date of injury of 1/18/12. It is reported that the claimant sustained orthopedic injury to his back as the result of some bending and twisting while working on a compressor as a refrigeration service technician. In their visit note dated 10/22/13, [REDACTED] and physician assistant, [REDACTED], diagnosed the claimant with Lumbar disc displacement and Lumbar/lumbosacral disc degeneration. In a "Confidential Psychological Evaluation" conducted by [REDACTED] and dated 1/29/13, the claimant was diagnosed with Pain disorder associated with both psychological factors and a general medical condition and Major depressive disorder, recurrent, moderate without psychotic features.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for pain psychology 1 time a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

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

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychotherapy sessions with [REDACTED] for a total of 4 authorized visits. His last visit is dated 9/20/13. In her "Visit note- Psychology follow-up", [REDACTED] wrote, "He is struggling with multiple stressors. We spent some time talking about the stressors and used cognitive behavioral techniques to see if he could reduce some of the stress which raises his pain level. I strongly suggest that [the claimant] have four additional pain psychology sessions." She also notes that the claimant "demonstrates an appropriate level of motivation" and that "he is learning the concepts presented in sessions, but has not yet started to implement them." This statement can be viewed as limited progress, but with only four sessions, this is a start. It is further noted that in their visit note dated 10/22/13, [REDACTED] and physician assistant, [REDACTED], note "...the patient is increasingly depressed at each visit. He currently denies SI/HI, but notes that his mood is the lowest it has been in a long time. He is visibly depressed due to increased pain as a result of increased stress at work and at home. The patient would benefit from talking to a pain psychologist, as he does not seem to have a strong support system." Based on these visit notes, the claimant is in need of continued services. The CA MTUS suggests that for the treatment of chronic 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 provided. Although the claimant has not specifically demonstrated objective functional improvement, he has made some progress and is in need of further services. As a result, the request for additional session of "pain psychology 1xwk x 4wks" is medically necessary.