

Case Number:	CM13-0037125		
Date Assigned:	12/13/2013	Date of Injury:	08/29/1997
Decision Date:	02/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

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 Pulmonary Disease 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 patient is a 47-year-old female who reported an injury on 08/29/1997. The patient is currently diagnosed with postlaminectomy syndrome, psychogenic pain, anxiety, and depressive disorder. The patient was seen on 09/24/2013. The patient reported 10/10 pain. The patient had completed 2 of 3 authorized pain psychology sessions. Physical examination revealed no acute distress, normal affect, intact judgment, and good eye contact. Treatment recommendations included continuation of pain psychology treatment and current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology sessions QTY: 6.00: Upheld

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

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

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5

to 6 weeks may be appropriate. As per the clinical notes submitted, the patient has completed 2 out of 3 authorized pain psychology sessions. There is no documentation of significant functional improvement from the previous psychology sessions that would warrant the need for continuation of treatment. The patient's latest examination by [REDACTED] on 09/24/2013 indicated no evidence of acute distress. Based on the clinical information received, the request is non-certified.