

Case Number:	CM13-0060822		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2000
Decision Date:	04/29/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Board Certified in Internal Medicine, 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 patient is a 54-year-old with a date of injury on January 20, 2000. The notes provided do not reflect mechanism of injury and only state the patient's chronic issues of neck and knee pain. The patient also has a diagnosis of depression and anxiety. The patient has been seen by one treating provider who has the patient's on a number of medications for both pain and mood; pain medicines include both opioid and non-opioid classes. Despite treatment, the patient still has fairly high pain scores per the notes, and the provider feels the patient would benefit from pain psychology. Subsequently, 10 sessions were requested and the notes reflect a modified authorization of 4 sessions on November 25, 2013. There is an initial pain psychology note from October 26, 2013, by [REDACTED], whereby the patient recommended 8-10 sessions. The request is for ten sessions of pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN SESSIONS OF PAIN PSYCHOLOGY: 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: The patient has chronic pain with depression as a comorbid diagnosis. Pain psychology can be quite helpful for these co-existing disorders. The patient had a prior UR review that was approved for 4 sessions with pain psychology; this was done retroactive on November 25, 2013, to the initial consult of October 26, 2013. However, there is no more documentation of any other pain psychology visits and the Chronic Pain Medical Treatment Guidelines states that three to four visits over two weeks is reasonable and if objective improvement is shown, six to ten visits over five to six weeks is reasonable. Specifically there is not documentation of any improvement after the pain psychology sessions she has had already. The request for ten sessions of pain psychology is not medically necessary or appropriate.